

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001589

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: FLORIDA GULF COAST CHAPTER, INC.

**Current Principal Place of Business:**

2805 -54TH AVE N.  
SAINT PETERSBURG, FL 337142414

**New Principal Place of Business:**

**Current Mailing Address:**

2805 -54TH AVE N.  
SAINT PETERSBURG, FL 337142414

**New Mailing Address:**

FEI Number: 65-0784790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROSENKRANS, JAMILOU  
2805 -54TH AVE N.  
ST. PETERSBURG, FL 33714 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARY, KEBLER L  
Address: 5841 41ST AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: VD ( ) Delete  
Name: MIKE, FESTA V  
Address: 7970 25TH AVE. N.  
City-St-Zip: ST PETE, FL 33710

Title: TD ( ) Delete  
Name: ROBERT, SODI C  
Address: 12580 FRANK DR. N.  
City-St-Zip: CLEARWATER, FL 33776

Title: SD ( ) Delete  
Name: KAREN, WILLIS  
Address: 1455 26TH AVE N  
City-St-Zip: ST PETE, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JOHNSON, KARL  
Address: 1014 ROSERY RD. NW  
City-St-Zip: LARGO, FL 33770

Title: VD (X) Change ( ) Addition  
Name: TARDIF, MIKE  
Address: 8294 30TH AVE. N  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: TD (X) Change ( ) Addition  
Name: TOFT, LINDA  
Address: 6170 42ND AVE. N  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: SD (X) Change ( ) Addition  
Name: FOWLER, STEVEN  
Address: 985 SUNRISE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN G FOWLER

SD

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date