

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001280

FILED
Apr 15, 2009
Secretary of State

Entity Name: GULF BREEZE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

315 FAIRPOINT DR.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

315 FAIRPOINT DR.
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 33-1018549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DANNHEISSER, MATT E
504 NORTH BAYLEN STREET
PENSOLA, FL 32501 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: D () Delete
Name: GILCHRIST, M L
Address: 1127 SOUNDVIEW TRAIL
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: FULFORD, RICHARD C
Address: 402 BEAR DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: HOFFMAN, CARL T
Address: 200 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: SCHLUTER, JB
Address: 338 DEER POINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: ZIMMERN, BEVERLY
Address: 623 BAY CLIFF
City-St-Zip: GULF BREEZE, FL 32561

Title: ED () Delete
Name: GRAY, ED III
Address: 315 FAIRPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HENDERSON, JOSEPH
Address: 801 POINCIANA DR
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ED GRAY III

ED

04/15/2009

Electronic Signature of Signing Officer or Director

Date