

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002138

FILED
Feb 09, 2005
Secretary of State

Entity Name: GULF COAST UMPIRES ASSOCIATION, INC.

Current Principal Place of Business:

6403 E. 112 AVENUE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

5337 BLACK PINE DR
TAMPA, FL 33624

Current Mailing Address:

6403 E. 112 AVENUE
TEMPLE TERRACE, FL 33617

New Mailing Address:

5337 BLACK PINE DR
TAMPA, FL 33624

FEI Number: 59-3440099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERNS, RANDY K
220 S FRANKLIN ST
TAMPA, FL 33602 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: ARENS, ERIC
Address: 5337 BLACK PINE DR
City-St-Zip: TAMPA, FL 33424

Title: D () Delete
Name: BRIAN, SCHULTZ
Address: 6403 E. 112 AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Delete
Name: LEE, DAVID
Address: 5611 MALLOW ST
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARENS, ERIC
Address: 5337 BLACK PINE DR
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change () Addition
Name: WOOLDRIDGE, DAVID
Address: 6009 CATLIN DR
City-St-Zip: TAMPA, FL 33647

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID WOOLDRIDGE

VP

02/09/2005

Electronic Signature of Signing Officer or Director

Date