

FILE NOW: FILING FEE IS \$61.25

APPROVED <sup>pg 1082</sup>  
AND  
FILED

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 APR 29 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006342 (6)

1. Corporation Name

GULF ISLANDS ALLIANCE, INC.



Principal Place of Business

Mailing Address

#1 CAUSEWAY BLVD  
DUNEDIN FL 34698

#1 CAUSEWAY BLVD  
DUNEDIN FL 34698

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

59-3503338

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, PERRY  
#1 CAUSEWAY BLVD  
DUNEDIN FL 34698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BINDAS, JERRY  
CITY-ST-ZIP P.O. BOX 1716  
TARPON SPRINGS FL 34689

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS LARY McSPARREN  
1.4 CITY-ST-ZIP 3490 OLD KEYSTONE RD  
TARPON SPRINGS FL 34689

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS BROOKS, SHELLY  
CITY-ST-ZIP 2445 SUMMERLIN DR  
CLEARWATER FL 34624

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HOUCK, LOIS  
CITY-ST-ZIP P.O. BOX 536  
OZONA FL 34680

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS KEELER, SCOTT  
CITY-ST-ZIP 1138 14TH AVE  
ST. PETERSBURG FL 33705

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS KELTER, JOANI  
CITY-ST-ZIP 2700 SWEETBAY LN  
PALM HARBOR FL 34684

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Pat McSparren  
5.4 CITY-ST-ZIP 3490 Old Keystone Road  
TARPON SPRINGS FL 34689

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS KYNES, DEBORAH  
CITY-ST-ZIP 285 EDGEWATER DR  
DUNEDIN FL 34698

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

4/21/98 (813)804-3585

CR2E037 (10/97)



N97-6342 pg 2 of 2

## Department of Environmental Protection

Lawton Chiles  
Governor

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Virginia B. Wetherell  
Secretary

April 28, 1998

Mr. David Mann, Director  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Gulf Islands Alliance, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP  
Director  
Division of Recreation and Parks

FPM/paw  
Attachments