


FILE NOW: FILING FEE IS \$61.25

NOT REVIEWED
AND
FILED

99 FEB -3 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0077433

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000006342		
1. Corporation Name GULF ISLANDS ALLIANCE, INC.		

Principal Place of Business #1 CAUSEWAY BLVD DUNEDIN FL 34698	Mailing Address #1 CAUSEWAY BLVD DUNEDIN FL 34698
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/10/1997	4. FEI Number 59-3503338 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--	---	--	--

9. Name and Address of Current Registered Agent SMITH, PERRY #1 CAUSEWAY BLVD DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. BINDAS, JERRY	12 NAME	ID
STREET ADDRESS	P.O. BOX 1716 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. MCSPARREN, LARY	22 NAME	P
STREET ADDRESS	3490 OLD KEYSTONE RD	23 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. HOUCK, LOIS	32 NAME	WILLIAM ELDEN
STREET ADDRESS	P.O. BOX 536 N/A	33 STREET ADDRESS	BOARD MEMBER
CITY-ST-ZIP	OZONA FL 34660	34 CITY-ST-ZIP	1075 ENIS-WOOD PARKY
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. KEELER, SCOTT	42 NAME	GREGORY DICHAS
STREET ADDRESS	1138 14TH AVE	43 STREET ADDRESS	BOARD MEMBER
CITY-ST-ZIP	ST. PETERSBURG FL 33705	44 CITY-ST-ZIP	12233 GARDEN LAKE CIRC.
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. MCSPARREN, PAT	52 NAME	HARRY T. Freitas
STREET ADDRESS	3490 OLD KEYSTONE ROAD	53 STREET ADDRESS	2021 Douglas Ave.
CITY-ST-ZIP	TARPON SPRINGS FL 34689	54 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	ES Laura Schaefer
STREET ADDRESS		63 STREET ADDRESS	#1 Causeway Blvd.
CITY-ST-ZIP		64 CITY-ST-ZIP	Dunedin, FL 34698

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael R. Schaefer 1-12-99 727-469-5943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)