

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006342

Entity Name: GULF ISLANDS ALLIANCE, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

#1 CAUSEWAY BLVD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

PO BOX 753
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3503338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCSPARREN, LARY
#1 CAUSEWAY BLVD.
DUNEDIN, FL 34698 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: PAYNE, JAMES DR
Address: 1031 S POINT ALEXIS DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P () Delete
Name: MCSPARREN, LARY
Address: 3490 OLD KEYSTONE RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: BROWN, ELISE
Address: 1187 E KLOSTERMAN RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: ELDEN, WILLIAM
Address: 1075 ENISWOOD PKWY
City-St-Zip: PALM HARBOR, FL 34683

Title: ST () Delete
Name: MCSPARREN, PAT
Address: 3490 OLD KEYSTONE RD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: V () Delete
Name: PULS, RICHARD
Address: 23907 LAKEBARK COURT
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: GAUSE, R C
Address: 50 N.PARK STREET
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: D (X) Change () Addition
Name: HALLET, KATHIE
Address: 305 BAY STREET
City-St-Zip: TARPON SPRINGS, FL 34689

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: LARY MCSPARREN

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date