

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000006342

1. Entity 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

3. Mailing Address

P.O. Box 1561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

Zip

Country

Zip

Country

34697 PINELLAS



03292005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3503338

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCSPARREN, LARY  
#1 CAUSEWAY BLVD.  
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name WAYNE HAWES

Street Address (P.O. Box Number is Not Acceptable)  
16807 Ashwood DR

City TAMPA

FL

Zip Code 33624

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wayne Hawes

WAYNE HAWES, TREASURER

3/29/05

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, JAMES DR	
STREET ADDRESS	1031 S POINT ALEXIS DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCSPARREN, LARY	
STREET ADDRESS	3490 OLD KEYSTONE RD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ELISE	
STREET ADDRESS	1187 E KLOSTERMAN RD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAUSE, R C	
STREET ADDRESS	50 N. PARK STREET	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCSPARREN, PAT	
STREET ADDRESS	3490 OLD KEYSTONE RD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALLET, KATHIE	
STREET ADDRESS	305 BAY STREET	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA SEABOL	
STREET ADDRESS	2678 PINESWOOD DR	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE HANCOCK	
STREET ADDRESS	9640 103RD AVE N.	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDI HAWES	
STREET ADDRESS	16807 Ashwood DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE HAWES	
STREET ADDRESS	16807 Ashwood DR	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Hawes WAYNE HAWES 3/29/05 813-629-2139

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

April 14, 2005

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Gulf Island 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. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments