


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005272
 1. Entity Name
GULF COAST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.



Principal Place of Business: **7878 SHARK WY
 NAPLES, FL 34119**
 Mailing Address: **7878 SHARK WY
 NAPLES, FL 34119**

DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number **65-0867993** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BURNS, NANCY
 7878 SHARK WAY
 NAPLES, FL 34119**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000664147
 03/22/07-80032-015-61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVUOTO, RITA 4888 POND APPLE DR N NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUMP, DAVID 7878 SHARK WAY NAPLES, FL 34119
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rita Cavuto TD **3/7/07** **377-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #