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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000

DOCUMENT # N98000005753

1. Corporation Name

THE ASSOCIATION OF CENTRAL GULF COAST ATTRACTION
S. INC.

Principal Place of Business

3701 BAYSHORE RD.
SARASOTA FL 34234

Mailing Address

3701 BAYSHORE RD.
SARASOTA FL 34234



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/06/1998

4. FEI Number

65-0868012

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. Name and Address of Current Registered Agent

RINALDI, ROSE
3701 BAYSHORE RD.
SARASOTA FL 34234

10. Name and Address of New Registered Agent

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 617.0512 and 617.1506, 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 (are) () an () an accept the obligations of Section 617.0603, Florida Statutes.

SIGNATURE: *Sheila G. Chalmers* Sheila G. Chalmers Treasurer 5/17/00

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

DATE: Registered Agent signature required when re-appointing

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	Board of Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BOB TORRE
13 STREET ADDRESS	25 N. Pineapple Ave
14 CITY, ST, ZIP	SARASOTA, FL 34234
21 TITLE	Board of Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROSE RINALDI
23 STREET ADDRESS	3701 Bayshore Rd
24 CITY, ST, ZIP	SARASOTA, FL 34234
31 TITLE	Board of Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Virginia Hally
33 STREET ADDRESS	1600 NW Thompson Rd
34 CITY, ST, ZIP	SARASOTA, FL 34234
41 TITLE	Trustee <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SHEILA CHALMERS
43 STREET ADDRESS	25 N. Pineapple Ave
44 CITY, ST, ZIP	SARASOTA, FL 34234
51 TITLE	Board of Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	GAIL RALPHS
53 STREET ADDRESS	811 S. Dolan Ave
54 CITY, ST, ZIP	SARASOTA, FL 34236
61 TITLE	Board of Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ALLISON ROBERTS
63 STREET ADDRESS	201 10th St. W.
64 CITY, ST, ZIP	BROOKHAVEN, FL 34205

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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: *Sheila G. Chalmers* 5/17/2000 9:47 3662646

Signature, typed or printed name of current officer or director

CR2E037 (1/198)