

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006060

FILED
Apr 27, 2009
Secretary of State

Entity Name: GULF SHORES SERTOMA, INC.

Current Principal Place of Business:

4443 ROWAN RD
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

PO BOX 12
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-3526513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINKER, LISA
GULF SHORES SERTOMA
7017 PARK AVENUE
NEW PORT RICHEY, FL 34652 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: SD () Delete
Name: TINKER, LISA
Address: 7017 PARK AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: TONKIN, GINNA
Address: 7141 KAPP COURT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete
Name: OJEDA, NANCY
Address: 9920 SAN MATEO WAY
City-St-Zip: PORT RICHEY, FL 34668

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NANCY OJEDA

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date