2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N99000006424

Entity Name: FLORIDA GULF COAST CHAPTER ARMA, INC.

Current Principal Place of Business:

11515 53RD STREET NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

P O BOX 23281
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-3614900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKER, CHRIS TREAS.
11515 53RD STREET NORTH
CLEARWATER, FL 33760 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:	PD	( ) Delete
Name:	READ, DONNA	
Address:	1556 CUMBERLAND CT. WEST	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	VD	( ) Delete
Name:	GOLDSMITH, JILL	
Address:	2825 HAVERHILL DR	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	S	( ) Delete
Name:	HAYES, ROSEMARY	
Address:	306 E. JACKSON	
City-St-Zip:	TAMPA, FL 33602	
Title:	T	( ) Delete
Name:	PARKER, CHRIS	
Address:	11515 53RD ST N	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	D	( ) Delete
Name:	INGRAM, KIM	
Address:	7201 RIVERWOOD BLVD	
City-St-Zip:	TAMPA, FL 33615	
Title:	VD	( ) Delete
Name:	RICH, EARL	
Address:	6802 PARKE EAST BLVD.	
City-St-Zip:	TAMPA, FL 33610	

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:	( ) 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: CHRIS PARKER TREA 03/23/2009

Electronic Signature of Signing Officer or Director — Date