

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047464

FILED
Feb 25, 2010
Secretary of State

Entity Name: THE GILMORE NEW LIFE CLINIC OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

6500-38TH AVE N
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

5500-38TH AVE N
ST PETERSBURG, FL 33710 US

Current Mailing Address:

5500 38 AVENUE, N
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3253698 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURTON, DARLENE
5500 38TH AVENUE, N
ST. PETERSBURG, FL 33710 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: BURTON, DARLENE
Address: 5500 - 38 AVE N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D
Name: BURTON, WILLIAM C
Address: 5500 - 38 AVE N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D
Name: GILMORE, DAVID S
Address: 914 JASMIN ST
City-St-Zip: CELEBRATION, FL 34747

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARLENE BURTON

D

02/25/2010

Electronic Signature of Signing Officer or Director

Date