2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000102821

1. Entity Name
GILCHRIST EXECUTIVE RETREAT AND CONFERENCE CENTER, INC.

FILED

2008 FEB 26 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01182008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
11101 ROOSEVELT BLVD. N. 4TH FLOOR, LEGAL DEPT. ST PETERSBURG, FL 33716	11101 ROOSEVELT BLVD. N. 4TH FLOOR, LEGAL DEPT. ST PETERSBURG, FL 33716

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3610328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAIRE, NANCY C
11101 ROOSEVELT BLVD. N.
4TH FLOOR, LEGAL DEPT.
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): c/o C T Corporation System
1200 South Pine Island Road
City: Plantation **FL** Zip Code: 33324

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 2/25/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

700119106207
02/29/08--01010--010 **150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENKE, ROBERT M 360 CENTRAL AVE ST PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MEEHAN, DAVID K 360 CENTRAL AVE ST PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HAIRE, NANCY C 360 CENTRAL AVE ST PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WHITE, JOHN T 360 CENTRAL AVE ST PETERSBURG, FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition	V Fitzgerald, Leiza 11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MARTZ, BRADFORD B 360 CENTRAL AVE SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP BRUBAKER, RICHARD M 360 CENTRAL AVE ST PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716

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 607, 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: Nancy C Haire Nancy C. Haire, Asst. Secretary 2/8/2008 727-823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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