## **2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

**DOCUMENT# 815219** 

Entity Name: GASPARILLA INN, INC.

**Current Principal Place of Business:** 

5TH STREET & PALM AVENUE BOCA GRANDE. FL 33921

**Current Mailing Address:** 

P. O. BOX 1088

BOCA GRANDE. FL 33921

FEI Number: 59-0940303 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CROSS, CHRISTOPHER BRENT 500 PALM AVENUE BOCA GRANDE, FL 33921 US

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: CHRISTOPHER BRENT CROSS 05/03/2024

Electronic Signature of Registered Agent

Date

FILED May 03, 2024

**Secretary of State** 

3109450894CC

Officer/Director Detail:

Title D Title D

NameCHADWICK, LAURA FNameJOHNSTON, MARY FAddress227 DEER PARK DRAddress11000 KEMWOODCity-State-Zip:NASHVILLE TN 37205City-State-Zip:HOUSTON TX 77024

Title D Title D

Name FARISH, WILLIAM S JR Name FARISH, SARAH S

Address 886 MIDWAY ROAD Address 1100 LOUISIANA ST., STE 1200

City-State-Zip: VERSAILLES KY 40383 City-State-Zip: HOUSTON TX 77002

Title GM Title T

Name CROSS, CHRISTOPHER BRENT Name SHRYOCK, LARRY

Address 500 PALM AVENUE Address 1100 LOUISIANA STREET

1200

City-State-Zip: BOCA GRANDE FL 33921 City-State-Zip: HOUSTON TX 77002

Title S Title C

 Name
 HOSKINS , WILLIAM
 Name
 PRICE , GLENN

 Address
 175 E. MAIN STREET
 Address
 500 PALM AVENUE

City-State-Zip: LEXINGTON KY 40588 City-State-Zip: BOCA GRANDE FL 33921

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: CHRISTOPHER BRENT CROSS GM 05/03/2024

Electronic Signature of Signing Officer/Director Detail

Date