

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 024 ****61.25



DOCUMENT # N00000000505

1. Entity Name

NORTHWEST COAST BAPTIST ASSOCIATION, INC.

Principal Place of Business

**2335 INDUSTRIAL DR.
PANAMA CITY FL 32405**

Mailing Address

**2335 INDUSTRIAL DR.
PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1420777

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWNING, C. HOWARD
2335 INDUSTRIAL DR.
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLAGHER, RON	
STREET ADDRESS	235 S. GLADES TRAIL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILTON, ESMOND	
STREET ADDRESS	1005 OHIO AVE.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SHORTT, LORI R	
STREET ADDRESS	2335 INDUSTRIAL DR.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	T	<input type="checkbox"/> Delete
NAME	HODGES, J E	
STREET ADDRESS	1917 POSTOIN DR	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, HOWARD	
STREET ADDRESS	2335 INDUSTRIAL DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Moderator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virgil Tillman	
STREET ADDRESS	9206 Kingswood Rd.	
CITY-ST-ZIP	South port, FL 32409	
TITLE	clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcia A. Ellison	
STREET ADDRESS	2335 Industrial Dr.	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Howard Browning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

(850) 785 3115

Daytime Phone #