


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90041 041 ****61.25

DOCUMENT # N00000000505
 1. Entity Name
NORTHWEST COAST BAPTIST ASSOCIATION, INC.



Principal Place of Business Mailing Address
2335 INDUSTRIAL DR. **2335 INDUSTRIAL DR.**
PANAMA CITY FL 32405 **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



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1420777 Not Applicable

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

6. Name and Address of Current Registered Agent
BROWNING, C. HOWARD
2335 INDUSTRIAL DR.
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 checked="" type="checkbox"/> Delete
NAME	GALLAGHER, RON	
STREET ADDRESS	235 S. GLADES TRAIL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TILLMAN, VIRGIL	
STREET ADDRESS	9206 KINGSWOOD RD.	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	C	<input type="checkbox"/> Delete
NAME	ELLISON, MARCIA A	
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 checked="" 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	Moderator	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virgil Tillman	
STREET ADDRESS	9206 Kingswood Rd.	
CITY-ST-ZIP	Southport, FL 32409	
TITLE	Vice Moderator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Kuhn	
STREET ADDRESS	835 S. Berthe Ave.	
CITY-ST-ZIP	Panama City, FL 32404	
TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director of Missions	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Robinett	
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		

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: *J E Hodges* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR