


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000026
 1. Entity Name
NEW GULF COAST MISSIONARY BAPTIST ASSOCIATION, INC.



Principal Place of Business P.O. BOX 35741 PANAMA CITY, FL 32412-5741	Mailing Address P.O. BOX 35741 PANAMA CITY, FL 32412-5741
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07012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 80-0003787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARMAN, GUY
 3801 S. OCEAN DR. 4Z
 HOLLYWOOD, FL 33019

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

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

U00000163033
 07/02/04-80001-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, LEON REV.
STREET ADDRESS	3842 EAST 3RD ST.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	GLOVER, LEMUEL D REV.
STREET ADDRESS	530 NEW YORK AVE.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	BEAMAN, GLORIA D
STREET ADDRESS	3812 E 11TH ST.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	BROOKS, JAYCEE
STREET ADDRESS	P.O. BOX 35741
CITY-ST-ZIP	PANAMA CITY, FL 324125741
TITLE	D
NAME	BUSH, JAMES D REV.
STREET ADDRESS	608 E 7TH ST.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	GIBSON, SUSIE
STREET ADDRESS	P.O. BOX 35741
CITY-ST-ZIP	PANAMA CITY, FL 32412

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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: *Rev. Leon Jones* **REV. Leon Jones** *7/1/2004* *850-769-8594*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #