


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90038 026 ****61.25

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

07052005 Chg-NP CR2E037 (10/03)

4. FEI Number
80-0003787

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARMAN, GUY
 3801 S. OCEAN DR. 4Z
 HOLLYWOOD, FL 33019**

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 _____
Signature, hand or printed name of registered agent at this time (circle) (Print Name of Registered Agent Signature required when new agent) DATE _____

**Filing Fee is \$61.25
 Due by September 7, 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 type="checkbox"/> Delete
NAME	JONES, LEON REV.
STREET ADDRESS	3842 EAST 3RD ST.
CITY ST ZIP	PANAMA CITY, FL 32401
TITLE	D <input type="checkbox"/> Delete
NAME	GLOVER, LEMUEL D REV.
STREET ADDRESS	530 NEW YORK AVE.
CITY ST ZIP	LYNN HAVEN, FL 32444
TITLE	D <input type="checkbox"/> Delete
NAME	BEAMAN, GLORIA D
STREET ADDRESS	3812 E 11TH ST.
CITY ST ZIP	PANAMA CITY, FL 32401
TITLE	D <input type="checkbox"/> Delete
NAME	BROOKS, JAYCEE
STREET ADDRESS	P.O. BOX 35741
CITY ST ZIP	PANAMA CITY, FL 324125741
TITLE	D <input type="checkbox"/> Delete
NAME	BUSH, JAMES D REV.
STREET ADDRESS	608 E 7TH ST.
CITY ST ZIP	PANAMA CITY, FL 32401
TITLE	D <input type="checkbox"/> Delete
NAME	GIBSON, SUSIE
STREET ADDRESS	P.O. BOX 35741
CITY ST ZIP	PANAMA CITY, FL 32412

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	<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	
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: Rev. Leon Jones **Rev. Leon Jones** 07-09-2005 **850-769-8594**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dated the _____