



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90004 009 \*\*\*\*61.25

<b>DOCUMENT # N02000000026</b>					
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		<p style="text-align: right; font-size: 24pt;"><b>50026692</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08222006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number 80-0003787	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARMAN, GUY 3801 S. OCEAN DR. 4Z HOLLYWOOD, FL 33019				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is <b>\$61.25</b> Due by <b>September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, LEON REV.		NAME		
STREET ADDRESS	3842 EAST 3RD ST.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOVER, LEMUEL D REV.		NAME		
STREET ADDRESS	530 NEW YORK AVE.		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAMAN, GLORIA D		NAME		
STREET ADDRESS	3812 E 11TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, JAYCEE		NAME		
STREET ADDRESS	P.O. BOX 35741		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 324125741		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSH, JAMES D REV.		NAME		
STREET ADDRESS	608 E 7TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIBSON, SUSIE		NAME		
STREET ADDRESS	P.O. BOX 35741		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32412		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rev. Leon Jones</i>		LEON JONES		8-27-2006 850-7678594	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	