


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90014 041 ****70.00

DOCUMENT # N02000000026 1. Entity Name NEW GULF COAST MISSIONARY BAPTIST ASSOCIATION, INC.	
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Principal Place of Business 209 DETROIT AVE. PANAMA CITY, FL 32401	Mailing Address P. O. BOX 35741 PANAMA CITY, FL 32412-5741
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01122008 Chg-NP CR2E037 (12/06)

4. FEI Number 80-0003787	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recasting) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Rev. Aldredge Young <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, LEON REV.	NAME	406 Landings Drive
STREET ADDRESS	546 N. STAR AVE	STREET ADDRESS	Lynn Haven, FL 32444
CITY-ST-ZIP	PANAMA CITY, FL 32404	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Dr. C. L. Wilson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, LEMUEL D REV.	NAME	P O Box 40
STREET ADDRESS	530 NEW YORK AVE.	STREET ADDRESS	Bristol, FL 32321
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 checked="" type="checkbox"/> Delete	TITLE	Rev. Joseph McCalister <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, JAMES D REV.	NAME	4290 Waddell Mill Lane
STREET ADDRESS	608 E 7TH ST.	STREET ADDRESS	Marianna, FL 32246
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	208 DETROIT AVE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 32401	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: Aldredge J. Young 3-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #