

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08987

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: GULF COAST ASSEMBLY OF GOD, INC.

## Current Principal Place of Business:

2800 PAN AMERICAN BLVD.  
NORTH PORT, FL 34287 US

## New Principal Place of Business:

## Current Mailing Address:

2800 PAN AMERICAN BLVD.  
NORTH PORT, FL 34287 US

## New Mailing Address:

FEI Number: 59-2329308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, KEITH E  
8549 DOLOMITE AVE  
NORTH PORT, FL 34287 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PCM ( ) Delete  
Name: JONES, E KEITH  
Address: 8549 DOLOMITE AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: T ( ) Delete  
Name: RUSSELL, LARRY  
Address: 5200 CHOVOS CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL

Title: S ( ) Delete  
Name: LOFSTEN, GARY JR.  
Address: 23257 MCCLELLAN AVE  
City-St-Zip: PORT CHARLOTTE, FL

Title: D ( ) Delete  
Name: CRISPIN, CARL  
Address: 425 LENOIR STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete  
Name: CHURCH, BOB  
Address: 22285 COLUMBUS AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D ( ) Delete  
Name: BAUM, JERRY  
Address: 13502 WAINWRIGHT DR  
City-St-Zip: PORT CHARLOTTE, FL 33953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: RUSSELL, LARRY  
Address: 5200 CHOVOS CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL

Title: SD (X) Change ( ) Addition  
Name: HRONEK, LISA  
Address: 2623 RIDLEY LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: GLASS, KIM  
Address: 7573 GLENNALLEN BLVD.  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: BRUNETTE, RONALD  
Address: 4125 ABBOTSFORD STREET  
City-St-Zip: NORTH PORT, FL 34287

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E KEITH JONES

PCM

01/09/2006

Electronic Signature of Signing Officer or Director

Date