

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000505

**Entity Name:** NORTHWEST COAST BAPTIST ASSOCIATION, INC.**Current Principal Place of Business:**1202 VIRGINIA AVENUE  
LYNN HAVEN, FL 32444**Current Mailing Address:**1202 VIRGINIA AVENUE  
LYNN HAVEN, FL 32444 US**FEI Number:** 59-1420777**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VARNUM, TROY REV  
1202 VIRGINIA AVENUE  
LYNN HAVEN, FL 32444 US*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**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | CHAIRMAN             |
| Name            | SMITH, BLAKE         |
| Address         | 216 COLLEGE AVENUE   |
| City-State-Zip: | PANAMA CITY FL 32401 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | SMITH, PARNELL       |
| Address         | 1942 EAST 7TH STREET |
| City-State-Zip: | PANAMA CITY FL 32401 |

|                 |                 |
|-----------------|-----------------|
| Title           | VICE CHAIR      |
| Name            | SMITH, MARK     |
| Address         | 5933 FLORIDA 79 |
| City-State-Zip: | EBRO FL 32437   |

|                 |                      |
|-----------------|----------------------|
| Title           | CLERK                |
| Name            | LONDON, JENNIE       |
| Address         | 640 GRACE AVENUE     |
| City-State-Zip: | PANAMA CITY FL 32401 |

*I hereby 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 all other like empowered.*

**SIGNATURE: BLAKE SMITH****CHAIRMAN****03/03/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date