#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000026

Entity Name: NEW GULF COAST MISSIONARY BAPTIST ASSOCIATION, INC.

**FILED** Jan 26, 2018 **Secretary of State** CC6427639063

### **Current Principal Place of Business:**

209 DETROIT AVE. PANAMA CITY, FL 32401

## **Current Mailing Address:**

P. O. BOX 35741

PANAMA CITY. FL 32412-5741

FEI Number: 59-3175261 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

WILLIS, MARCELIOUS JR. 4731 BAYOU BLUFF TRAIL 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: MARCELIOUS WILLIS, JR. 01/26/2018

T:41 -

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail :

T:41-

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Name	WILLIS, MARCELIOUS REV JR.	Name	YOUNG, ALDREDGE R

REV Address 4731 BAYOU BLUFF TRAIL Address 406 LANDINGS DRIVE LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 City-State-Zip: City-State-Zip:

Title D Title D

Name SMITH, ROBERT L WILLIAMS, FLORENCE Y Name Address 3925 PETERS DR Address 2903 CEDAR'S CROSSING

PANAMA CITY FL 32405 City-State-Zip: City-State-Zip: PANAMA CITY FL 32405

Title Title

Name WRIGHT, SHARON Name WILSON, C.L. DR. Address 1501 LOUISIANA AVE Address P. O. BOX 40 City-State-Zip: LYNN HAVEN FL 32444 City-State-Zip: BRISTOL FL 32321

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: DR. MARCELIOUS WILLIS, JR.

**MODERATOR** 

01/26/2018