

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08987

Entity Name: GULF COAST ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**2800 PAN AMERICAN BLVD.
NORTH PORT, FL 34287**Current Mailing Address:**P.O. BOX 8009
NORTH PORT, FL 34290 US**FEI Number: 59-2329308****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JONES, KEITH E
8549 DOLOMITE AVE
NORTH PORT, FL 34287 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 PRESIDENT, CEO, PASTOR
Name JONES, E KEITH
Address 8549 DOLOMITE AVE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, TREASURER
Name HRONEK, LISA
Address 2623 RIDLEY LANE
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR, SECRETARY
Name CHURCH, JACKIE
Address 22285 COLUMBUS AVE
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR
Name ELLISON, MARCIA
Address 7286 BRANCH TERR
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name BAUM, JERRY
Address 2800 PAN AMERICAN BLVD.
 P.O. BOX 8009
City-State-Zip: NORTH PORT FL 34290

Title DIRECTOR
Name KRAUSE, TIM
Address 4381 AMANDA AVE
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR
Name ANDERS, KEVIN
Address 3165 BREWSTER
City-State-Zip: NORTH PORT FL 34288

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: E KEITH JONES**PASTOR/PRESIDENT****04/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date