

2024 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:**MALLORY, JAMES DAVID DR.
8531 LAMAR CT.
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:** JAMES DAVID MALLORY

03/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name COCHRAN, RONALD
Address 330 EVAN DR
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR
Name LLEWELLYN, KEVIN
Address 2943 BELLEVILLE TERR.
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR
Name BAUM, JERRY
Address 13502 WAINWRIGHT DR
City-State-Zip: PORT CHARLOTTE FL 33953

Title PRESIDENT
Name MALLORY, JAMES DAVID DR.
Address 2800 PAN AMERICAN BLVD.
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name BLIESNER, STEVE
Address 7531 PERENNIAL RD
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR
Name MOZENA, CELESTE
Address 2121 LYNX RUN
City-State-Zip: NORTH PORT FL 34288

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

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: MALLORY, JAMES DAVID, DR.

PRESIDENT

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date