


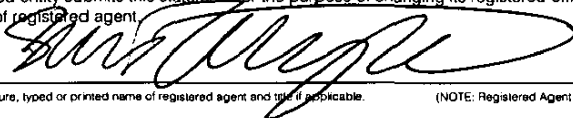
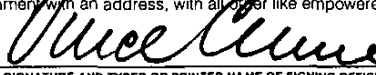
# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90019 018 \*\*\*\*70.00

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|--|---|---|--|---|---|
| <b>DOCUMENT # 720017</b>   |   |   |  |  |   |
| 1. Entity Name<br>PROTESTANT EPISCOPAL CHURCH IN THE DIOCESE OF THE CENTRAL GULF COAST, INC.   |   |   |  |   |   |
| Principal Place of Business<br>201 NORTH BAYLEN STREET<br>P.O. BOX 13330<br>PENSACOLA, FL 32591-0330   |   |   | Mailing Address<br>201 NORTH BAYLEN STREET<br>P.O. BOX 13330<br>PENSACOLA, FL 32591-0330 |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address   |   |   |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |   |
| City & State   |   |   | City & State   |   |   |
| Zip  |   | Country   |  | Zip   |   |
|  |   |   |  |   |   |
| 4. FEI Number<br>63-0590872  |   |   |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> - \$8.75 Additional Fee Required  |   |   |  |   |   |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent  |   |   |
| REMINGTON, SCOTT A<br>125 W. ROMAN ST.<br>PENSACOLA, FL 32501  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code        |   |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |   |  |   |   |
| SIGNATURE  DATE 4-14-8  |   |   |  |   |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |   |   |  |   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be<br>Added to Fees  |   |
| Make check payable to<br>Florida Department of State   |   |   |  |   |   |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                    |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>LORREN, MARGARET N<br>3438 CHANTERENE DR.<br>PENSACOLA, FL 32507     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AS<br>CURRIE, VINCENT JR.<br>201 NO. BAYLEN ST.<br>PENSACOLA, FL          | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MCGEE, KATHY<br>617 CHOCTAW DRIVE<br>DESTIN, FL 32541                | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LEVENSON, RUSSELL JR<br>18 WEST WRIGHT STREET<br>PENSACOLA, FL 32501 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      | D<br>Nettie Eaton<br>2000 Cameron Drive<br>Pensacola, FL 32505  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DURST, LESTER<br>3200 N 12TH AVE<br>PENSACOLA, FL 32503              | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      | D<br>Elizabeth Powell<br>7810 Navarre PKwy<br>Navarre, FL 32566 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>DUNCAN, PHILIP M II<br>201 N BAYLEN ST<br>PENSACOLA, FL 32501        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |   |
| SIGNATURE:  4 9 8 820 430-7337  |   |   |  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |   |   |