2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 754557

Entity Name: GULF COAST COUNCIL OF BOY SCOUTS OF AMERICA, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
9440 UNIVERSITY PARKWAY PENSACOLA, FL 32514	

Current Mailing Address:	**New Mailing Address:**
9440 UNIVERSITY PARKWAY PENSACOLA, FL 32514	

FEI Number: 59-0624405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SPENCER C. PAGE 9440 UNIVERSITY PARKWAY PENSACOLA, FL 32514 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

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	V ( ) Delete	Title:	( ) Change ( ) Addition
Name:	TAYLOR, LUTHER MR.	Name:	
Address:	P. O. BOX 12966	Address:	
City-St-Zip:	PENSACOLA, FL 32591	City-St-Zip:	
Title:	T ( ) Delete	Title:	DP (X) Change ( ) Addition
Name:	SHUMAN, TIM MR.	Name:	SHUMAN, TIM MR.
Address:	8801 GROW DR	Address:	8801 GROW DR
City-St-Zip:	PENSACOLA, FL 32514	City-St-Zip:	PENSACOLA, FL 32514
Title:	V ( ) Delete	Title:	T (X) Change ( ) Addition
Name:	SMITH, PETE MR.	Name:	SMITH, PETE MR.
Address:	1510 NE EGLIN PKWY	Address:	1510 NE EGLIN PKWY
City-St-Zip:	FORT WALTON BEACH, FL 32548	City-St-Zip:	FORT WALTON BEACH, FL 32548
Title:	DP ( ) Delete	Title:	V (X) Change ( ) Addition
Name:	COBY, AL MR.	Name:	COBY, AL MR.
Address:	P O BOX 12910	Address:	P O BOX 12910
City-St-Zip:	PENSACOLA, FL 32521	City-St-Zip:	PENSACOLA, FL 32521
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	PAGE, SPENCER C MR.	Name:	
Address:	9440 UNIVERSITY PKWY	Address:	
City-St-Zip:	PENSACOLA, FL 32514	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SPENCER PAGE D 04/13/2009

Electronic Signature of Signing Officer or Director Date