

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764079

1. Entity Name

GULF COAST CHRISTIAN BROADCASTING MINISTRIES, IN

Principal Place of Business

2015 PATTHO LANE
LYNN HAVEN FL 32444

Mailing Address

2015 PATTHO LANE
LYNN HAVEN FL 32444-5412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MARION BLANCHE
2015 PATTHO LANE
LYNN HAVEN FL 32444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, MARION BLANCHE	
STREET ADDRESS	2015 PATTHO LANE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, MERLE	
STREET ADDRESS	2423 FLOWER AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUNT, J.W. REV.	
STREET ADDRESS	SPRINGFIELD COMM. CHURCH	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: *Marion Blanche Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00

8502652015

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90124 048 ****70.00



DO NOT WRITE IN THIS SPACE