

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90168 035 ****80.00

DOCUMENT # 764079

1. Entity Name

GULF COAST CHRISTIAN BROADCASTING MINISTRIES, IN C.



Principal Place of Business

**2015 PATTHO LANE
LYNN HAVEN FL 32444**

Mailing Address

**2015 PATTHO LANE
LYNN HAVEN FL 32444**

2. Principal Place of Business

2015 Pattho Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Lynn Haven, FL

Suite, Apt. #, etc.

City & State

32444

City & State

Zip

Country

Bay

Zip

Country

6. Name and Address of Current Registered Agent

**ROBINSON, MARION BLANCHE
2015 PATTHO LANE
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marion Blanche Robinson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROBINSON, MARION BLANCHE**
STREET ADDRESS **2015 PATTHO LANE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **VD** ☐ Delete
NAME **PARKER, MERLE**
STREET ADDRESS **1834 NORTH EAST AVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete
NAME **ROBINSON, WALLACE B**
STREET ADDRESS **2015 PATTHO LANE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: *MARION BLANCHE ROBINSON Marion Blanche Robinson*

CR2E037 (10/02)