

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000505

FILED
Jan 07, 2009
Secretary of State

Entity Name: NORTHWEST COAST BAPTIST ASSOCIATION, INC.

Current Principal Place of Business:

2335 INDUSTRIAL DR.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2335 INDUSTRIAL DR.
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-1420777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARHUM, TROY REV
2335 INDUSTRIAL DRIVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

VARNUM, TROY REV
2335 INDUSTRIAL DRIVE
PANAMA CITY, FL 32405 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: TROY VARNUM

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: H () Delete
Name: GERBER, DERRICK
Address: P.O. BOX 1145
City-St-Zip: WEWAHITCHKA, FL 32465

Title: VM () Delete
Name: KALINICH, KEN
Address: 508 HWY 2297
City-St-Zip: PANAMA CITY, FL 32404

Title: C () Delete
Name: POINTER, JANE
Address: 2335 INDUSTRIAL DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: HODGES, DON
Address: 4101 W 21ST ST
City-St-Zip: PANAMA CITY, FL 32405

Title: H () Delete
Name: HODGES, SE
Address: 1917 POSTON DR
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: KALINICH, KEN
Address: 508 HWY 2297
City-St-Zip: PANAMA CITY, FL 32404

Title: VM (X) Change () Addition
Name: WALKER, CRAIG
Address: PO BOX 10301
City-St-Zip: PANAMA CITY, FL 32404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: H (X) Change () Addition
Name: HODGES, JE
Address: 1917 POSTON DR
City-St-Zip: PANAMA CITY, FL 32404

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: JANE POINTER

C

01/07/2009

Electronic Signature of Signing Officer or Director

Date