2001 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2001 8:00 am Secretary of State DOCUMENT # N0000005884 1. Entity Name GULF COAST COMMUNITY CHURCH OF BRADENTON, INC. 02-26-2001 90501 013 ****61.25 Principal Place of Business Mailing Address 5305 36TH AVE CIRCLE WEST 5305 36TH AVE CIRCLE WEST **BRADENTON FL 34209 BRADENTON FL 34209** 506488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required . 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 P.O. BOX J. HAY BLUD. MIAMI FL 33131-3449 8. The above named entity submits this statement for the purpose of changing its registered office , in the state of Florida. SIGNATURE typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE ☐ Delete ☐ Change DAWS, WILLIAM E JR NAME NAME STREET ADDRESS 5305 36TH AVE CIRCLE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ARNOLD, ROBERT NAME NAME STREET ADDRESS 3727 43RD AVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Delete . TITLE Change ☐ Addition DAWS, JEREMIAH NAME STREET ADDRESS 5305 36TH AVE CIRCLE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE **Addition** NAME DONALD L BROWNEWELL NAME BII JO. BAY BLVD. POBOXT37 STREET ADDRESS STREET ADDRESS MUNICIPALITY CITY-ST-ZIP CITY-ST-ZIP 34216 TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied had 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 received 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

SIGNATURE:

changed, or on an attachment

07/08/01

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Daytime Phone #