

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90315 005 ****61.25

DOCUMENT # N00949

1. Entity Name

GULF BREEZE CHURCH OF CHRIST INC.



Principal Place of Business

2962 GULF BREEZE PKWY
GULF BREEZE FL 32561

Mailing Address

P O BOX 148
GULF BREEZE FL 32562
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2422609

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

BLACK, JIMMIE B.
4221 SANDY BLUFF DR EAST
GULF BREEZE FL 32561

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

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
Due By May 1, 2006

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 DST ☐ Delete
NAME PHILLIPS, ROIKI
STREET ADDRESS 3259 BAY ST.
CITY-ST-ZIP GULF BREEZE FL

TITLE D ☒ Delete
NAME GOLSON, KENNETH
STREET ADDRESS 9161 QUAIL ROOST DRIVE
CITY-ST-ZIP NAVARRE FL 32566

TITLE D ☐ Delete
NAME TAYLOR, DEAN
STREET ADDRESS 619 S D ST
CITY-ST-ZIP PENSACOLA FL 32501

TITLE DPT ☐ Delete
NAME MEDLIN, HAROLD
STREET ADDRESS 9163 NAVARRE PKWY
CITY-ST-ZIP NAVARRE FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPT ☒ Change ☐ Addition
NAME MEDLIN, HAROLD
STREET ADDRESS 774 BARLEY PORT LANE
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Roiki Phillips* ROIKI PHILLIPS

4/19/06

850-934-1838