2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N00949

Entity Name: GULF BREEZE CHURCH OF CHRIST INC.

Current Principal Place of Business:

2962 GULF BREEZE PKWY
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

P O BOX 148
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-2422609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BLACK, JIMMIE B.
4221 SANDY BLUFF DR EAST
GULF BREEZE, FL 32563 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: _____ 01/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: PHILLIPS, ROIKI
Address: 3259 BAY ST.
City-St-Zip: GULF BREEZE, FL

Title: D ( ) Delete
Name: TAYLOR, DEAN
Address: 619 S D ST
City-St-Zip: PENSACOLA, FL 32501

Title: DPT ( ) Delete
Name: MEDLIN, HAROLD
Address: 774 BARLEY PORT LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: E (X) Change ( ) Addition
Name: PHILLIPS, ROIKI
Address: 3259 BAY ST.
City-St-Zip: GULF BREEZE, FL 32563

Title: E (X) Change ( ) Addition
Name: TAYLOR, DEAN
Address: 619 S D ST
City-St-Zip: PENSACOLA, FL 32501

Title: M (X) Change ( ) Addition
Name: MEDLIN, HAROLD
Address: 774 BARLEY PORT LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

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: WILLIAM R. PHILLIPS E 01/10/2009
Electronic Signature of Signing Officer or Director — Date