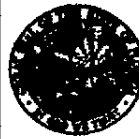


# ANNUAL REPORT

**DOCUMENT # N01000003419**

1. Entity Name  
**GULF COAST CHARITIES FOUNDATION, INC.**



Principal Place of Business  
**1618 ISABELLA AVENUE  
PANAMA CITY, FL 32401**

Mailing Address  
**1618 ISABELLA AVENUE  
PANAMA CITY, FL 32401**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**



04202004 No Chg-NP

CP2E037 (10/03)

4. FEI Number  
**59-3718490**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LINCOLN, JOHN D  
1618 ISABELLA AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000126309  
04/23/04-80028-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, JOHN R 1618 ISABELLA AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATAMOROS, CESAR A 1618 ISABELLA AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINCOLN, JOHN III 1618 ISABELLA AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, GERALD E 1618 ISABELLA AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*John D. Lincoln III* **JOHN D. LINCOLN III TREASURER 4/23/04 850-866-7451**