2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N01000003419

Entity Name: GULF COAST CHARITIES FOUNDATION, INC.

Current Principal Place of Business:

1618 ISABELLA AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PO BOX 16075
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 59-3718490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRIS, JOHN R
Address: 1618 ISABELLA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete
Name: MATAMOROS, CESAR A
Address: 1618 ISABELLA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD ( ) Delete
Name: LINCOLN, JOHN III
Address: 1618 ISABELLA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: LYNCH, GERALD E
Address: 1618 ISABELLA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. MORRIS PD 04/20/2006

Electronic Signature of Signing Officer or Director — Date