


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005414 1. Entity Name GULF COAST KILN WALK SOCIETY, INC.	
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Principal Place of Business 7507 BUCKEYE DRIVE NAVARRE, FL 32566	Mailing Address 7507 BUCKEYE DRIVE NAVARRE, FL 32566
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STOKES, BRENDA 7507 BUCKEYE DRIVE NAVARRE, FL 32566	DO NOT WRITE IN THIS SPACE
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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: Brenda Stokes Brenda Stokes April 6, 2005
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAWORTH, STEVE 501 TIMBER RIDGE DR. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWMAN, BARBARA 5836 DEWEY RD. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ZEHR, SARA 7682 MANATEE DR. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOKES, BRENDA 7507 BUCKEY DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, MARTY 7507 BUCKEYE DR. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, JASON 4396 HWY 87 S. NAVARRE, FL 32566

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04/11/05-80091-014 61.25

**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: Brenda Stokes Brenda Stokes April 6, 05 (850)939-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #