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

DOCUMENT # No100005414 1. Entity Name GULF COAST KILN WALK SOCIETY, INC.				Mar 20, 2006 08:00 AM Secretary of State
		·		
Principal Place of Business		Mailing Address		
7507 BUCKEYE DRIVE NAVARRE FL 32566		7507 BUCKEYE DRIV NAVARRE FL 32566	E	
2. Principal Place of Business		3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc		1st MOORE CR2E037 (10/05)
City & State		City & State		4. FEI Number Applied For 59-3733454 Not Applied
Zip	Cauntry	Zıp	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
STOKES, BRENDA 7507 BUCKEYE DRIVE				s (P.O. Box Number is Not Acceptable)
	/ARRE FL 32566			
			City	FL Zip Code
	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or regist	lered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered ag-	ent and title if applicable (NO)	TE Registered Agent signature requi	reo when reinstability) DATE
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Ca	mpalgn Financing Contribution.	\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME	DV HAWORTH, STEVE	☐ Delete	TITLE NAME	☐ Change ☐ Addi
STREET ADDSESS CITY ST-ZIP	501 TIMBER RIDGE OR. PENSACOLA FL 32534		STREET ADDRESS CITY-ST-ZIP	U00000475236 04/05/06-80087-016 61.25
TITLE	DS	☐ Delete	THTLE	☐ Change ☐ Added
NAME	BOWMAN, BARBARA 5636 DEWEY RD. MILTON FL 32583		NAME STREET ADDRESS CITY-SI-ZIP	
TITLE	TO	☐ Delete	THILE	☐ Change ☐ Add:
NAME STREET ADDRESS	ZEHR, SARA 7682 MANATEE DR.		NAME SURFF) ADDRESS	
CITY-SI-ZIP	NAVARRE FL 32566		CUTY-ST-ZIP	
name Name	DP STOKES, BRENDA	☐ Delete	TITLE NAME	☐ Change ☐ A ²⁻¹¹
STREET ADDRESS CITY-ST-ZIP	7507 BUCKEY DRIVE NAVARRE FL 32566		STREET ADDRESS CITY-S1-ZIP	
TITLE	D STOKES MARRY	☐ Delete	TITLE	☐ Change ☐ Add:
name Street address	STOKES, MARTY 7507 BUCKEYE DR.	=	NAME STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP	
TITLE	D CONTROL MACON	☐ Delete	TITLE	☐ Change ☐ Ad-m
NAME STREET ADDRESS	STOKES, JASON 14396 HWY 87 S.		NAME Street Address	
GITY-SI-ZIP	NAVARRE FL 32566	-	CITY-ST-ZIP	
12 (hereby	certify that the information supplied i	with this filting done not qualify	for the everythere contain	ner in Section 119. Florida Statutes & further certify that the information

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 direction that he 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Acouda Stokes Broman State 01

3-5-06 850-939-274

FILED