


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

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



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3733454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**STOKES, BRENDA  
7507 BUCKEYE DRIVE  
NAVARRE, FL 32566**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 BUCKEYE 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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U000000752393  
05/21/07-80014-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 April 23, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #