

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005414**

1. Entity Name  
**GULF COAST KILN WALK SOCIETY, INC.**



Principal Place of Business

**7507 BUCKEYE DRIVE  
NAVARRE, FL 32566**

Mailing Address

**7507 BUCKEYE DRIVE  
NAVARRE, FL 32566**



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3733454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 Brenda Stokes  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

April 10, 08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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**

U00000930449  
05/21/08-80108-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 08 850-939-2244  
Date Daytime Phone #