

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005414

FILED  
Apr 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7507 BUCKEYE DRIVE  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

7507 BUCKEYE DRIVE  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 59-3733454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOKES, BRENDA  
7507 BUCKEYE DRIVE  
NAVARRE, FL 32566 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: DV ( ) Delete  
Name: HAWORTH, STEVE  
Address: 501 TIMBER RIDGE DR.  
City-St-Zip: PENSACOLA, FL 32534

Title: DS ( ) Delete  
Name: BOWMAN, BARBARA  
Address: 5836 DEWEY RD.  
City-St-Zip: MILTON, FL 32583

Title: DT ( ) Delete  
Name: ZEHR, SARA  
Address: 7682 MANATEE DR.  
City-St-Zip: NAVARRE, FL 32566

Title: DP ( ) Delete  
Name: STOKES, BRENDA  
Address: 7507 BUCKEY DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: STOKES, MARTY  
Address: 7507 BUCKEYE DR.  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: STOKES, JASON  
Address: 4396 HWY 87 S.  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: ZEHR, ROBIN A  
Address: 3421 CARLOTTA  
City-St-Zip: PENSACOLA, FL 32503

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: BRENDA STOKES

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date