


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000000026	
<b>1. Entity Name</b> NEW GULF COAST MISSIONARY BAPTIST ASSOCIATION, INC.	

<b>Principal Place of Business</b> P.O. BOX 35741 PANAMA CITY, FL 32412-5741	<b>Mailing Address</b> P.O. BOX 35741 PANAMA CITY, FL 32412-5741
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07012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 80-0003787	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  GARMAN, GUY 3801 S. OCEAN DR. 4Z HOLLYWOOD, FL 33019
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<b>DO NOT WRITE IN THIS SPACE</b>
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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** \_\_\_\_\_  
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 September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000163033  
07/02/04-80001-014 70.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	D
<b>NAME</b>	JONES, LEON REV.
<b>STREET ADDRESS</b>	3842 EAST 3RD ST.
<b>CITY-ST-ZIP</b>	PANAMA CITY, FL 32401
<b>TITLE</b>	D
<b>NAME</b>	GLOVER, LEMUEL D REV.
<b>STREET ADDRESS</b>	530 NEW YORK AVE.
<b>CITY-ST-ZIP</b>	LYNN HAVEN, FL 32444
<b>TITLE</b>	D
<b>NAME</b>	BEAMAN, GLORIA D
<b>STREET ADDRESS</b>	3812 E 11TH ST.
<b>CITY-ST-ZIP</b>	PANAMA CITY, FL 32401
<b>TITLE</b>	D
<b>NAME</b>	BROOKS, JAYCEE
<b>STREET ADDRESS</b>	P.O. BOX 35741
<b>CITY-ST-ZIP</b>	PANAMA CITY, FL 324125741
<b>TITLE</b>	D
<b>NAME</b>	BUSH, JAMES D REV.
<b>STREET ADDRESS</b>	608 E 7TH ST.
<b>CITY-ST-ZIP</b>	PANAMA CITY, FL 32401
<b>TITLE</b>	D
<b>NAME</b>	GIBSON, SUSIE
<b>STREET ADDRESS</b>	P.O. BOX 35741
<b>CITY-ST-ZIP</b>	PANAMA CITY, FL 32412

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**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:** Rev. Leon Jones Rev. Leon Jones 7/1/2004 850-769-8594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #