




**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90009 047 \*\*\*\*70.00

<b>DOCUMENT # N02416</b>			
1. Entity Name <b>GULF COAST CRIMESTOPPERS, INC.</b>			
Principal Place of Business <b>1700 W LEONARD ST PENSACOLA, FL 32505 US</b>		Mailing Address <b>PO BOX 10903 PENSACOLA, FL 32504 US</b>	
2. Principal Place of Business		3. Mailing Address <b>1700 W. LEONARD ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>PENSACOLA, FL</b>	
Zip		Zip <b>32501</b>	
Country		Country <b>USA</b>	
		4. FEI Number <b>59-2470545</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GILMORE, LONNIE M 1203 HERNANDEZ STREET PENSACOLA, FL 32503		Name <b>MICHAEL DOUBEK</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>5389 FLINTWOOD CIRCLE</b>	
		City <b>PENSACOLA</b> FL Zip Code <b>32504</b>	
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 		DATE <b>2-21-06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, DON	NAME	
STREET ADDRESS	200 E GOVERNMENT STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	
TITLE	CVC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAROCO, ANGELA	NAME	
STREET ADDRESS	1809 E LLOYD STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, LONNIE	NAME	
STREET ADDRESS	1203 E. HERNANDEZ STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS, HENRIQUE	NAME	
STREET ADDRESS	1227 E. JACKSON STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	
TITLE	CVC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUBEK, MICHAEL	NAME	
STREET ADDRESS	5389 FLINTWOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, FRANCINE	NAME	
STREET ADDRESS	124 E. NINE MILE RD.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32534	CITY-ST-ZIP	
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: 		DATE <b>2-21-06</b> (850) 434-8135	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	