

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002181

FILED
Jul 06, 2005
Secretary of State

Entity Name: GULF COAST INDIAN ASSOCIATION, INC.

Current Principal Place of Business:

2400 W MICHIGAN AVENUE
SUITE 17-A
PENSACOLA, FL 32526

New Principal Place of Business:

2070 DOWNING DR
PENSACOLA, FL 32505

Current Mailing Address:

2400 W MICHIGAN AVENUE
SUITE 17-A
PENSACOLA, FL 32526

New Mailing Address:

2070 DOWNING DR
PENSACOLA, FL 32505

FEI Number: 59-3709941 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATEL, JAY S
2400 W MICHIGAN AVENUE
SUITE 17-A
PENSACOLA, FL 32526 US

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: SD () Delete
Name: PATEL, JAY S
Address: 2400 W MICHIGAN AVENUE #17-A
City-St-Zip: PENSACOLA, FL 32526

Title: TD () Delete
Name: PATEL, BHASKERBHAI
Address: 2400 W MICHIGAN AVENUE #17-A
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: PATEL, ASHISH
Address: 2400 W MICHIGAN AVENUE #17-A
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: PATEL, KISHOR
Address: 2400 W MICHIGAN AVENUE #17-A
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: PATEL, UMESH
Address: 2400 W MICHIGAN AVENUE #17-A
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: PATEL, UIKRAM
Address: 2400 W MICHIGAN AVENUE #17-A
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAY S PATEL

SD

07/06/2005

Electronic Signature of Signing Officer or Director

Date