2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008158

1. Entity Name
GULFPORT COMMUNITY CHURCH, INC.



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 91010 036 ****61.25

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P.O. BOX 530306		Mailing Address P.O. BOX 530306 GULFPORT, FL 33707	•			a imi: Beni Cala Schi B	24)) 2015 1270 1887 2172 1	191 1 I 1911
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04232004 C	hg-NP	CR2E037 (10/03)	
City & State		City & State			4. FEI Number 20 - 033	1.625	· · · ·	oplied For
Zip	Country	Žīp	Cour	ntry	5. Certificate of Si		S8.75 Add	ditional
	6Name and Address of Curre	nt Registered Agent	<u>' I</u>		7. Name and Add	iress of New Reg	istered Agent	:
				Name Jo			1	
RIES, JOHN 9531 - 86TH AVE. NORTH				Street Address (P.O. Box Number is Not Acceptable)				
	E, FL 33777		ļ					í
				2620	- 56th St.	reet Sow	th	
			1	CityGulf	Pourt		FL 2933	707
	named entity submits this statement	for the purpose of changing its	s registere	d office or registe	ered agent, or both, in	the State of Florid	da. I am familiar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered	Agent signature require	ed when remetation)		DATE	
<u> </u>		, , , , , , , , , , , , , , , , , ,				,		
<i>!</i>	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		ce check payable t a Department of S	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	V 10
TITLE	.;	☐ Delete	TITLE	1.			Change	☐ Addition
NAME	÷.		NAME	Jou	th RIES	_		
STREET ADDRESS CITY-ST-ZIP	,		1	ST-ZIP 26	20-56765tr	ees 5 - G	ULFPORT FO.	33707
	****	—	_				Change	
NAME:		☐ Delete	TITLE	1113	BAMA RIES		ES Change	☐ Addition
STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *			TADDRESS 21.5	is report to the Sta	ot Smale		
CITY-ST-ZIP	33		•	ST-ZIP	UCFPURT, FL	73707		
TITLE		☐ Delete	TITLE	_	Latire of 1	32101	Change	Addition
NAME	1. C. 1888		NAME	1.160	N KEPNER	_		
STREET ADORESS	المحاولات المحاف المحاف		STREE	TADORESS 704	188 HAZCI	-Street -	.33 25 /118	
CITY-ST-ZIP			CITY-	ST-ZIP	188 HAZEL LAN	260, FL	/型7/8	
TITLE		☐ Delete	TITLE		•		Change	Addition
NAME			NAME	Car	OL Kepner			
STREET ADDRESS			STREE	TADORESS / U 4	188 HAZCL	Street	7 140	
CTY-ST-ZIP			СПУ-	ST-ZIP	OL Kepner 188 HAZCL LARGO, FL		55/18	
TITLE		☐ Delete	TITLE		•		Change	Addition Addition
NAME STREET ADDRESS			NAME	T ADORESS				
CITY-ST-ZIP				ST-ZIP				
		———				······································	[Ob	[T] A
TITLE NAME		☐ Delete	TITLE NAME	I			☐ Change	☐ Addition
STREET ADDRESS				T ADORESS				
CITY-ST-ZIP				ST-ZIP				
12. hereby	L certify that the information supplied v	with this filling does not qualify to			ection 119 07(3)(i) FI	orida Statutes, I fi	urther certify that the i	nformation
indicated	on this report or supplemental repor	rt is true and accurate and that	my signate	ure shall have the	same legal effect as	if made under oa	th; that I am an office	r or director
changed	rporation or the receiver or trustee en , or on an attachment with an addres	s, with all other like empowered	i. as requir d.	ed by Chapter 61	, monua statutes; ar	iu diaciniy hame t	appears in Block 10 0	I DIOCK 1111
	٧.	(B) (2)			illa	alou co	A aur de	.,
SIGNAT	URE:	U1900	- 40		7/2	7/ 107	11) 342-26	016
	SIGN _A TURE/AND TYPED (OF PRINTED NAME OF SIGNING OFFICE	R OR DIRECTI	DR	-	Date	Daytime Phone #	