2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# N04000006266

Entity Name: GULF COAST AFRICAN-AMERICAN VISITOR BUREAU INC

Current Principal Place of Business:

17 WEST MAXWELL ST
STE 2
PENSACOLA, FL 32501

New Principal Place of Business:

528 W. GARDEN ST
STE 3
PENSACOLA, FL 32502

Current Mailing Address:

17 WEST MAXWELL ST
STE 2
PENSACOLA, FL 32501

New Mailing Address:

PO BOX 12087
STE 2
PENSACOLA, FL 32591

FEI Number: 87-0728510 **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:

HARRIS, HENRY L
1090 BARTOW AVE
PENSACOLA, FL 32507 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: P ( ) Delete
Name: HARRIS, HENRY L
Address: 1090 BARTOW AVE
City-St-Zip: PENSACOLA, FL 32507

Title: V ( ) Delete
Name: D. SIMS/GCAACC,
Address: 17 WEST MAXWELL ST
City-St-Zip: PENSACOLA, FL 32501

Title: V ( ) Delete
Name: FRANKLIN, EUGENE
Address: 945 MICHIGAN AVE, STE 12
City-St-Zip: PENSACOLA, FL 32503

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:

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: HENRY L. HARRIS P 05/23/2005

Electronic Signature of Signing Officer or Director — Date