2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N04000012035

Entity Name: GULF COAST WINGS OF HOPE, INC.

Current Principal Place of Business:

6530 N. BLUE ANGEL PARKWAY
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6530 N. BLUE ANGEL PARKWAY
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 22-3904772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, NATALEE F
6530 N. BLUE ANGEL PARKWAY
PENSACOLA, FL 32526 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:	PRES	( ) Delete
Name:	BROOKS, NATALEE F	
Address:	6530 N. BLUE ANGEL PARKWAY	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	D	( ) Delete
Name:	FRENKEL, DON	
Address:	2222 E MAXWELL ST	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	TRE	( ) Delete
Name:	SEYFRIED, ANN	
Address:	412 BOBWHITE DR.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	SEC	( ) Delete
Name:	STANHOPE, KATHLEEN	
Address:	3535 MARJEAN DRIVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	ASSANASSEN, CHATCHAWIN	
Address:	3126 COBBLESTONE DR.	
City-St-Zip:	PACE, FL 32571	
Title:	D	( ) Delete
Name:	SCARBOUROUGH, SIDNEY L	
Address:	5151 N. 9TH AVENUE	
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:	
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 exemption stated 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 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: ANN SEYFRIED TRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date