2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003028

Entity Name: GULF COAST TIDE, INC.

FILED Apr 18, 2008 Secretary of State

The state of the s							
Current Principal Place of Business:				New Principal Place of Business:			
2400 WEST MICHIGAN AVENUE, #9 PENSACOLA, FL 32526				1432 TIGER LAKE DRIVE GULF BREEZE, FL 32563			
Current Mailing Address:				New Mailing Address:			
2400 WEST MICHIGAN AVENUE, #9 PENSACOLA, FL 32526				1432 TIGER LAKE DRIVE GULF BREEZE, FL 32563			
FEI Number:	20-2571688	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2900 BÁYO PENSACOL	_A, FL 32503 named entity su	US ubmits this statement for the pur	rpose of	f changing it	s registered o	office or registered agent, or both,	
SIGNATUR	F [.]						
Electronic Signature of Registered Agent			t	Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RICK, BARNES 2400 W. MICHIG PENSACOLA, FL	32526 US		Title: Name: Address: City-St-Zip:	RICK, BARNES 200 PENSACO GULF BREEZE	DLA BEACH ROAD, UNIT L3 E, FL 32561 US	
Title: Name: Address: City-St-Zip:	D () E LING, RICK 1203 N. BARCEL PENSACOLA, FL			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E LANDRETH, DOU 8361 MERCADO NAVARRE, FL 32	STREET		Title: Name: Address: City-St-Zip:	TUCKER, BRÌA 1450 SANIBEL		
Title: Name: Address: City-St-Zip:	D () C CUMPSTON, MAI 1432 TIGER LAK GULF BREEZE, I	E DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D (MASON, SONIA 937 N WARRI PENSACOLA,	NGTON ROAD	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D (DEMPSEY, TO 1107 E JACKS PENSACOLA,	ON STREET	

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: MARJORIE C. CUMPSTON D 04/18/2008