

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010253

FILED
Apr 28, 2008
Secretary of State

Entity Name: GULF COAST COMMUNITY BENEFITS CORPORATION, INC.

Current Principal Place of Business:

321 NORTH DEVLIER'S STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

6073 SPANISH OAK DRIVE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-3519456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELL, HONOR M SR.
6073 SPANISH OAK DRIVE
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: DCEO () Delete
Name: BELL, HONOR M SR
Address: 6073 SPANISH OAK DR
City-St-Zip: PENSACOLA, FL 32526

Title: DCDO () Delete
Name: DRYSDALE, THOMAS S
Address: 2725 PEDIDO BEACH BLVD.
City-St-Zip: ORANGE BEACH, AL 36561

Title: DCFO () Delete
Name: WOOTEN, CORNELIUS
Address: 5606 FIRESTONE DR
City-St-Zip: PACE, FL 32571

Title: () Delete
Name:
Address:
City-St-Zip:

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: DCOO () Change (X) Addition
Name: THEODORE, AARON A SR
Address: 6147 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

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: HONOR M. BELL SR

DCEO

04/28/2008

Electronic Signature of Signing Officer or Director

Date