2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001065

Entity Name: GOOMBAY GULF COAST, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1927 INDA AVE

PENSACOLA, FL 32526

Current Mailing Address: New Mailing Address:

P.O. BOX 12823

PENSACOLA, FL 32591

FEI Number: 51-0565757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, BLAIR 1927 INDA AVE

PENSACOLA, FL 32526 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 ANDERSON, BLAIR

 Address:
 945 W. MICHGAN AVE.

City-St-Zip: PENSACOLA, FL 32505

 Title:
 CP
 () Delete

 Name:
 APPLEQUIET, GWEN

 Address:
 4300 W. FRANCISCO #36

Address: 4300 W. FRANCISCO #36 City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete Name: KING, DEBORAH S

Address: 3350 TOMPKINS ST.
City-St-Zip: PENSACOLA, FL 32504

Title: P (X) Change () Addition

Name: ANDERSON, BLAIR
Address: 1927 INDA AVE
City-St-Zip: PENSACOLA, FL 32526

Title: CP (X) Change () Addition

Name: GOLDSCHMIDT, KEITH
Address: 14625 INNERARITY POINT RD.
City-St-Zip: PENSACOLA, FL 32507

Title: S (X) Change () Addition

 Name:
 HUBBS, JILL

 Address:
 3350 TOMPKINS ST.

 City-St-Zip:
 PENSACOLA, FL 32504

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: BLAIR ANDERSON P 04/30/2009