

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010187

FILED
Apr 20, 2009
Secretary of State

Entity Name: GULF COAST COUNSELING & COMMUNITY MINISTRIES, INC.

Current Principal Place of Business:

3971 VIA DEL REY
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3971 VIA DEL REY
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-1320803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMB, DANIEL CECIL
14578 SPERANZA WAY
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

LAMB, DANIEL CECIL
28582 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135 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: DANIEL LAMB

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/M () Delete
Name: LAMB, DANIEL C
Address: 14578 SPERANZA WAY
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: V () Delete
Name: BRADLEY, KEVIN
Address: 3971 VIA DEL REY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T/S () Delete
Name: GAINES, VICTOR
Address: 2062 NE 20TH LANE
City-St-Zip: CAPE CORAL, FL 33909 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/M (X) Change () Addition
Name: LAMB, DANIEL C
Address: 28582 ALESSANDRIA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: DANIEL LAMB

P/M

04/20/2009

Electronic Signature of Signing Officer or Director

Date