

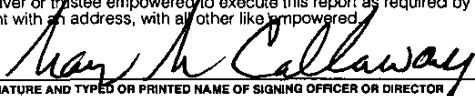


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90020 042 ****61.25

DOCUMENT # N07338 1. Entity Name GULF COAST ECONOMICS CLUB, INC.					
Principal Place of Business 1600 N. PALAFOX ST PENSACOLA, FL 32501 US				Mailing Address P O BOX 1612 PENSACOLA, FL 32501 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		01202005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2676159				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CALLAWAY, MARY M 1600 N. PALAFOX ST PENSACOLA, FL 32501				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, MIKE		NAME	Gorecki, Alex	
STREET ADDRESS	611 NEW WARRINGTON RD		STREET ADDRESS	30 E. Cedar St. 100	
CITY-ST-ZIP	PENSACOLA, FL 325064200		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Sylte, Tom	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLRW, TOM		NAME		
STREET ADDRESS	PO BOX 230		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32591		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, DORIE		NAME	Brown, Whit	
STREET ADDRESS	1401 W GARDEN ST		STREET ADDRESS	P O Box 12484	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola, FL 32573	
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	RITCHIE, DEEDEE		NAME		
STREET ADDRESS	591 ARAGON ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32534		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	CALLAWAY, MARY M		NAME		
STREET ADDRESS	1600 N. PALAFOX ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE		
NAME	PENFOLD, ROCK		NAME		
STREET ADDRESS	2160 OXFORD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			MARY M. Callaway, 3/11/05 Date Treasurer Daytime Phone #		