

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07338

FILED
Mar 26, 2007
Secretary of State

Entity Name: GULF COAST ECONOMICS CLUB, INC.

Current Principal Place of Business:

1600 N. PALAFOX ST
PENSACOLA, FL 32501 US

New Principal Place of Business:

8175 SIX PENCE DRIVE
PENSACOLA, FL 32514 US

Current Mailing Address:

P O BOX 1612
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-2676159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAWAY, MARY M
1600 N. PALAFOX ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

WEST, MICHAEL S
8175 SIX PENCE DRIVE
PENSACOLA, FL 32514 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: MICHAEL S. WEST

03/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GORECKI, ALEX
Address: 30 E CEDAR ST 100
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: SYLTE, TOM
Address: PO BOX 230
City-St-Zip: PENSACOLA, FL 32591

Title: D () Delete
Name: BRANTLEY, CLARICE
Address: 613 JASMINE RD
City-St-Zip: PENSACOLA, FL 32504

Title: P () Delete
Name: LACOUR, DICK
Address: 501 COMMENDENCIA ST
City-St-Zip: PENSACOLA, FL 32501

Title: T () Delete
Name: CALLAWAY, MARY M
Address: 1600 N. PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501 US

Title: 2VP () Delete
Name: PENFOLD, ROCK
Address: 2160 OXFORD DRIVE
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GROBSTIG, SHIRLEY
Address: 124 TRAVIS STREET
City-St-Zip: PENSACOLA, FL 32514

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: T (X) Change () Addition
Name: WEST, MICHAEL S
Address: 8175 SIX PENCE DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL S. WEST

T

03/26/2007

Electronic Signature of Signing Officer or Director

Date