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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08987** **(2)**

1. Corporation Name
GULF COAST ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
4814 S. CHAMBERLAIN BLVD. PO BOX 31 MURDOCK FL 33938-0031	4814 S. CHAMBERLAIN BLVD. PO BOX 31 MURDOCK FL 33938

3. Date Incorporated or Qualified: 04/30/1985
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business
21
22 4814 S. Chamberlain Blvd.
North Port, FL 34287
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 4814 S. Chamberlain Blvd.
North Port, FL 34287
28
Zip 29 Country 30

4. FEI Number: 59-2329308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, GENE C
21309 PEACHLAND BLVD
PT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name: COWGER, David A.
82 14416 Palmer Ave.
83 Port Charlotte, FL 33953-1415
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David Cowger DAVID COWGER 4.27.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

			13.
TITLE	D	☒ DELETE	1.1 TITLE
NAME	TERRANOVA, MARY		1.2 NAME
STREET ADDRESS	8159 SAN JACINTO AVE.		1.3 STREET ADDRESS
CITY-ST-ZIP	NORTH PORT FL		1.4 CITY-ST-ZIP
TITLE	P	☒ DELETE	2.1 TITLE
NAME	WILSON, GENE C		2.2 NAME
STREET ADDRESS	21309 PEACHLAND BLVD		2.3 STREET ADDRESS
CITY-ST-ZIP	PT CHARLOTTE FL		2.4 CITY-ST-ZIP
TITLE	V	☒ DELETE	3.1 TITLE
NAME	HAPPE, W. RON		3.2 NAME
STREET ADDRESS	6610 HARMONY STREET		3.3 STREET ADDRESS
CITY-ST-ZIP	NORTH PORT FL		3.4 CITY-ST-ZIP
TITLE	ST	☐ DELETE	4.1 TITLE
NAME	SAUNDERS, PATRICIA		4.2 NAME
STREET ADDRESS	803 ELMIRA BLVD		4.3 STREET ADDRESS
CITY-ST-ZIP	PT CHARLOTTE FL		4.4 CITY-ST-ZIP
TITLE	D	☒ DELETE	5.1 TITLE
NAME	HAPPE, GLENN L.		5.2 NAME
STREET ADDRESS	497 GASTON ST		5.3 STREET ADDRESS
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP
TITLE	D	☒ DELETE	6.1 TITLE
NAME	WILSON, RUTH I		6.2 NAME
STREET ADDRESS	21309 PEACHLAND BLVD		6.3 STREET ADDRESS
CITY-ST-ZIP	PT CHARLOTTE FL		6.4 CITY-ST-ZIP

ND DIRECTORS IN 12 ☐ Change ☒ Addition

P/C/M
COWGER, David A.
14416 Palmer Ave.
Port Charlotte, FL 33953-1415

D
RUSSELL, Larry
5200 Chovos Circle
Port Charlotte, FL 33948

D
SUMMERALL, Armon
416 Eppinger Drive
Port Charlotte, FL 33953-1822

D
RINEHART, Larry
3273 Easy Street
Port Charlotte, FL 33952

S/T
Saunders-Happe, Patricia
23027 Elmira Blvd.
Port Charlotte, FL 33980

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: David Cowger SIGNATURE REQUIRED DAVID COWGER 4.27.97 941.426-7160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079495