SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # N08987 (2)

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

| Principal Place of Business | Mailing Address |
|---|---|
| 4814 S. CHAMBERLAIN BLVD.<br>NORTH PORT FL 34287<br>US | 4814 S. CHAMBERLAIN BLVD.<br>NORTH PORT FL 34287<br>US |

3. Date Incorporated or Qualified: 04/30/1985

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

COWGER, DAVID A
14416 PALMER AVE
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name: JONES, E. KEITH
82 Street Address (P.O. Box Number Is Not Acceptable): 1762 S. CHAMBERLAIN BLVD.
83
84 City: NORTH PORT FL 85 Zip Code: 34286

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: E. Keith Jones — 7/15/98
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCM<br>COWGER, DAVID A<br>14416 PALMER AVE<br>PORT CHARLOTTE FL | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PCM<br>JONES, E. KEITH<br>1762 S. CHAMBERLAIN BLVD<br>NORTH PORT, FL. 34286 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RUSSELL, LARRY<br>5200 CHOVOS CIR<br>PORT CHARLOTTE FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DT<br>RUSSELL, LARRY<br>5200 CHOVOS CIR<br>PORT CHARLOTTE, FL | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SUMMERALL, ARMON<br>416 EPPINGER DR<br>PORT CHARLOTTE FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RINHART, LARRY<br>3273 EASY ST<br>PORT CHARLOTTE FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RINEHART, LARRY<br>3273 EASTY ST<br>PORT CHARLOTTE FL | ☑ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>SAUNDERS-HAPPE, PATRICIA<br>23027 ELMIRA BLVD<br>PT CHARLOTTE FL | ☑ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | S<br>JANICE SUMMERALL<br>416 EPPINGER DR.<br>PORT CHARLOTTE, FL | ☐ Change ☑ Addition |

CR2E037 (5/98)

14. 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 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: E. Keith Jones — 7/15/98 — 941-426-7160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #