2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90040 012 ****61.25

DOCUMENT # N08987

1. Entity Name

GULF COAST ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
4814 S. CHAMBERLAIN BLVD. NORTH PORT FL 34287 US	4814 S. CHAMBERLAIN BLVD. NORTH PORT FL 34286-7730 US

C0039189

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, KEITH E 1762 S CHAMBERLAIN BLVD NORTH PORT FL 34286	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCM JONES, E KEITH 1762 S CHAMBERLAIN BLVD NORTH PORT FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RUSSELL, LARRY 5200 CHOVOS CIRCLE PORT CHARLOTTE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSSELL, LARRY 5200 CHOVOS CIRCLE PORT CHARLOTTE, FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMERALL, ARMON 416 EPPINGER DR PORT CHARLOTTE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, ANNA 20119 SUSAN AVE. PORT CHARLOTTE, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHURCH, ROBERT 22285 COLUMBUS AVE PORT CHARLOTTE FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE FINK 6728 HOEMI COURT NORTH PORT, FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUMMERALL, JANICE 416 EPPINGER DR PT CHARLOTTE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEN FERGUSON 8511 W. PRICE BLVD. NORTH PORT, FL. 34286	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, WILLIAM 20119 SUSAN AVE PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: E Keith Jones REE KEITH JONES 3/7/00 941-426-7160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #