

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08987

FILED
Apr 08, 2004
Secretary of State

Entity Name: GULF COAST ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

2800 PAN AMERICAN BLVD.
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

2800 PAN AMERICAN BLVD.
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-2329308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KEITH E
1762 S CHAMBERLAIN BLVD
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCM () Delete
Name: JONES, E KEITH
Address: 1762 S CHAMBERLAIN BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: TS () Delete
Name: RUSSELL, LARRY
Address: 5200 CHOVOIS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL

Title: D () Delete
Name: FERGUSON, KENNETH
Address: 8511 W PRICE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: CRISPIN, CARL
Address: 425 LENOIR STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: CHURCH, BOB
Address: 22285 COLUMBUS AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D () Delete
Name: BAUM, JERRY
Address: 13502 WAINWRIGHT DR
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: RUSSELL, LARRY
Address: 5200 CHOVOIS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL

Title: S (X) Change () Addition
Name: LOFSTEN, GARY JR.
Address: 23257 MCCLELLAN AVE
City-St-Zip: PORT CHARLOTTE, FL

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

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

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 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 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: E KEITH JONES

PCM

04/08/2004

Electronic Signature of Signing Officer or Director

Date