2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N08987

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 (X)**

Name and Address of Current Registered Agent:

JONES, KEITH E
8549 DOLOMITE AVE
NORTH PORT, FL 34287 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: 8549 DOLOMITE AVE
City-St-Zip: NORTH PORT, FL 34287

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

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

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

Title: SD (X) Change ( ) Addition
Name: HRONEK, LISA
Address: 2623 RIDLEY LANE
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition
Name: GLASS, KIM
Address: 7573 GLENNALLEN BLVD.
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition
Name: BRUNETTE, RONALD
Address: 4125 ABBOTSFORD STREET
City-St-Zip: NORTH PORT, FL 34287

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: E KEITH JONES PCM 01/09/2006

Electronic Signature of Signing Officer or Director — Date