

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08987

FILED
Apr 30, 2010
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:

P.O. BOX 8009
NORTH PORT, FL 34290 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
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
Name: JONES, E KEITH
Address: 8549 DOLOMITE AVE
City-St-Zip: NORTH PORT, FL 34287

Title: T
Name: RUSSELL, LARRY
Address: 5200 CHOVOIS CIRCLE
City-St-Zip: PORT CHARLOTTE, FL

Title: D
Name: HRONEK, LISA
Address: 2623 RIDLEY LANE
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: FOLAND, GARY
Address: 3915 W. PRICE BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: SD
Name: BRUNETTE, RONALD
Address: 4125 ABBOTSFORD STREET
City-St-Zip: NORTH PORT, FL 34287

Title: D
Name: MCCALL, EARL
Address: 3351 ROGUE ST.
City-St-Zip: NORTH PORT, FL 34286

I hereby 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 all other like empowered.

SIGNATURE: KEITH JONES

PCM

04/30/2010

Electronic Signature of Signing Officer or Director

Date