

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90009 021 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18292

1. Corporation Name

GULF COAST CHAPEL CHURCH OF GOD, INC.

Principal Place of Business

334 TROPIC DRIVE
OSPREY FL 34229

Mailing Address

334 TROPIC DRIVE
OSPREY FL 34229



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/16/1986

4. FEI Number

65-0033835

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

9. Name and Address of Current Registered Agent

GRIFFIN, FRANK J.
334 TROPIC DR.
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME YOUNG, EDWIN
STREET ADDRESS 236 N. HAVANA RD
CITY-ST-ZIP VENICE FL

TITLE S ☐ DELETE

NAME JOHNSON, CLIFFORD
STREET ADDRESS 3299 BONITA DR
CITY-ST-ZIP VENICE FL

TITLE D ☐ DELETE

NAME YOUNG, MILDRED
STREET ADDRESS 236 N HAVANA RD
CITY-ST-ZIP VENICE FL

TITLE TD ☐ DELETE

NAME GRIFFIN, ARETTA L.
STREET ADDRESS 334 TROPIC DR.
CITY-ST-ZIP OSPREY FL

TITLE D ☐ DELETE

NAME GRIFFIN, FRANK J.
STREET ADDRESS 334 TROPIC DR.
CITY-ST-ZIP OSPREY FL

TITLE D ☐ DELETE

NAME WILSON, WILLIAM
STREET ADDRESS 400 CABANA ROAD
CITY-ST-ZIP VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Aretta L. Griffin **SIGNATURE REQUIRED** Aretta L. Griffin 1-14-99 941-966-5929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)