

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18292

FILED
Apr 27, 2009
Secretary of State

Entity Name: GULF COAST CHAPEL CHURCH OF GOD, INC.

Current Principal Place of Business:

602 ALBEE FARM RD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

5826 HOFFNER AVENUE
SUITE 1001
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 65-0033835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIENS, GREGORY
9606 CYPRESS PINE STREET
ORLANDO, FL 32827 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: D () Delete
Name: WIENS, GREGORY
Address: 9606 CYPRESS PINE STREET
City-St-Zip: ORLANDO, FL 32827 US

Title: D () Delete
Name: TALLEY, DOUGLAS
Address: 1761 ST. TROPEZ COURT
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D () Delete
Name: BROOKINS, MICHAEL
Address: 4238 E. WEEPING WILLOW CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D (X) Delete
Name: KOCH, EDMUND
Address: 1747 RED PINE AVENUE
City-St-Zip: KISSIMMEE, FL 34758 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: KOCH, EDMUND
Address: 1747 RED PINE AVENUE
City-St-Zip: KISSIMMEE, FL 34758 US

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 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: MICHAEL R BROOKINS

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date