

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20247

FILED
Apr 20, 2004
Secretary of State

Entity Name: GULF COAST CHURCH OF CHRIST, INC.

Current Principal Place of Business:

719 OLD CORRY FIELD RD.
PENSACOLA, FL 32523

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18944
PENSACOLA, FL 32523

New Mailing Address:

P.O. BOX 18947
PENSACOLA, FL 32523

FEI Number: 59-2829292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKS, NATHANIEL B.
6889 FOX CAHSE CIRCLE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

NICKS, NATHANIEL B.
6889 FOXCHASE CIRCLE
PENSACOLA, FL 32506 US

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:

04/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: BLUE, KERRY T
Address: 1301 N. OLD CORRY FIELD RD. L-13
City-St-Zip: PENSACOLA, FL 32506

Title: DT () Delete
Name: WILLIE, RANDALL
Address: 1015 W. BOBE
City-St-Zip: PENSACOLA, FL 32501

Title: PD () Delete
Name: NICKS, NATHANIEL B
Address: 8132 CHAPPERAL ST
City-St-Zip: PENSACOLA, FL 32514

Title: PCSD () Delete
Name: NICKS, NATHANIEL B
Address: 6889 FOXCHASE CIR.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NATHANIEL B. NICKS

PCSD

04/20/2004

Electronic Signature of Signing Officer or Director

Date