

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90707 035 ****61.25

DOCUMENT # N20247

1. Entity Name

GULF COAST CHURCH OF CHRIST, INC.



Principal Place of Business

**719 OLD CORY FIELD RD.
PENSACOLA FL 32523**

Mailing Address

**P.O. BOX 18944
PENSACOLA FL 32523**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2829292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RANDALL, WILLIE~~

~~1015 W. BOBE~~

~~PENSACOLA FL 32501~~

Name **NICKS, NATHANIEL B.**

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

6889 FOXCHASE CIR

PENSACOLA, FL

City

FL

Zip Code

32506

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	50	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, W. MACK JR	
STREET ADDRESS	9825 GINKO DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	10	<input type="checkbox"/> Delete
NAME	WILLIE, RANDALL	
STREET ADDRESS	1015 W. BOBE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICKS, NATHANIEL B.	
STREET ADDRESS	8132 CHAPPERAL ST	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY T. BLUE	
STREET ADDRESS	1301 N. OLD CORY FIELD RD. LOT 13	
CITY-ST-ZIP	PENSACOLA, FLA. 32506	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PLC/S/D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6889 FOXCHASE CIR	
CITY-ST-ZIP	PENSACOLA, FLA. 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NATHANIEL B. NICKS** 3/5/03 (850)455-1431

CR2E037 (10/02)