


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N47404 1. Entity Name GULF SHORES BAPTIST CHURCH CORP.	
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Principal Place of Business 1880 CURLEW ROAD DUNEDIN, FL 34698 US	Mailing Address 4925 SHETLAND AVE TAMPA, FL 33615
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03122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3108766	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, STAN RA
4925 SHETLAND AVE
TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000907825
 05/06/08-80004-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUBITZ, WILLARD 1499 BRADY DR DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GRANT, HARVEY 20 SOUTH MARS AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCCLOUD, BENTON 20 SOUTH MARS AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LAKE, RICHARD 7136 NOVA SCOTIA DR PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Willard E. Lubitz / WILLARD E. LUBITZ 4-18-08 727-734-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #