

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N50004

1. Entity Name
GULF COAST BAPTIST CHURCH OF CAPE CORAL, INC.



Principal Place of Business
312 S.E. 24TH AVENUE
CAPE CORAL, FL 33990

Mailing Address
312 S.E. 24TH AVENUE
CAPE CORAL, FL 33990



07052006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3137222

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEXTON, TOM
4201 ERINDALE DR
NORTH FORT MYERS, FL 33903

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **SEXTON, TOM**
STREET ADDRESS **4201 ERINDALE DR**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE VD
NAME **HAWKINS, TIM**
STREET ADDRESS **7448 DANA LIN CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE SD
NAME **JAMES, SCOTT**
STREET ADDRESS **10275 W 9TH COURT**
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE TD
NAME **FORD, JOHN H**
STREET ADDRESS **4608 GULF AVENUE**
CITY-ST-ZIP **NO. FORT MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000568567
07/07/06-80014-012 70.00

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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:

Tom Sexton **Tom Sexton** 7-2-06 239-5741000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #