

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 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**



01162007 No Chg-NP CR2E037 (4/06)

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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**

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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 May 1, 2007**

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	

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01/25/07-80043-014 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tom Sexton 1-15-07 239-574-1000