2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50004

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



FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90064 045 ****70.00

GULF CC	DAST BAFTIST CHUNCH	OF CAPE	CORAL, INC							
Principal Plac 312 S.E. 241 CAPE CORAL		312 S	Address .E. 24TH AVENUE CORAL, FL 33990	•		- 	 	II 411!! 1 11!! I	(B): 8(B) 8/B 8/F	111 2: B i 1 13 1
2. Principal P	Place of Business - No P.O. Box #	3. Maili	ng Address							
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			01072008	Chg-NP	CR2E	37 (12/06)	
City & Stat	de	City	& State			4. FEI Numbe 59-313				oplied For
Zip	Country	Zip		Country		5. Certificate	of Status Desired	砵	\$8.75 Add Fee Require	
	6. Name and Address of Curren	nt Registered	d Agent			7. Name and	Address of New	Registered	Agent	
				Nan	ne					
SEXTON, 4201 ERIN NORTH FO				Stre	et Address ((P.O. Box Numbe	er is Not Acceptab	le)		
				City		· · · · · · · · · · · · · · · · · · ·		FI	Zip Cod	e
the obligat	e named entity submits this statement tions of registered agent.	for the purpo	se of changing its re	egistered offic	ce or registe	ered agent, or bot	th, in the State of F	lorida. I an	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if appli	cable. (NOTE: I	Registered Agent s	signature require	d when reinstating)		DATE		
	Signature, typed or printed name of registered ages Filling Fee is \$61.25 Due by May 1, 2008	int and title if appa	9. Election Camp Trust Fund Co	paign Financir		\$5.00 May B Added to Fees		Make chec	ck payable to	
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D		9. Election Camp	paign Financir	ng 🔲	\$5.00 May B Added to Fees		Make chec orida Depa	rtment of S	tate
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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 trusted 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08 (239)574-1000