

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001752

FILED  
Jan 26, 2006  
Secretary of State

**Entity Name:** GULF COAST CHRISTIAN FELLOWSHIP OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1915 COLONIAL BLVD  
FT. MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

1915 COLONIAL BLVD  
FT. MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 65-0406375      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOWARD, NOEL  
8725 EXETER ST.  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

HOWARD, NOEL  
9001 FALCON POINTE LOOP  
FORT MYERS, FL 33912 US

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.

SIGNATURE: \_\_\_\_\_

01/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWARD, NOEL  
Address: 8725 EXETER ST.  
City-St-Zip: FORT MYERS, FL 33907

Title: VTD ( ) Delete  
Name: BOPP, RICHARD  
Address: 12708 ASTON OAKS DRIVE  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: FEDELE, STEPHEN  
Address: 726 LIMERICK DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: KIVEILWITZ, GARY APOSTLE  
Address: 327 WEST MAIN STREET  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOWARD, NOEL  
Address: 9001 FALCON POINTE LOOP  
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL HOWARD

PD

01/26/2006

Electronic Signature of Signing Officer or Director

Date