

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001752

FILED
Apr 20, 2009
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
9001 FALCON POINTE LOOP
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VTD () Delete
Name: BOPP, RICHARD
Address: 8707 EXETER STREET
City-St-Zip: FORT MYERS, FL 33907

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: APOKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: SERVELLO, MICHAEL SR
Address: 849 WESTWOOD DR
City-St-Zip: HERKIMER, NY 13350

I hereby certify that the information supplied with this filing does not qualify 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

04/20/2009

Electronic Signature of Signing Officer or Director

Date