

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005878

FILED  
Mar 20, 2012  
Secretary of State

Entity Name: PALM COAST GOSPEL HALL, INC.

**Current Principal Place of Business:**

222 SAGEBRUSH TRAIL  
ORMOND BEACH  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

222 SAGEBRUSH TRAIL  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3289628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCKILLOP, WILLIAM  
222 SAGEBRUSH TRAIL  
ORMOND BEACH, FL 32174 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: PSTD  
Name: MCKILLOP, WILLIAM  
Address: 222 SAGEBRUSH TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD  
Name: NOEL, THOMAS A  
Address: 1 WAYLER PLACE  
City-St-Zip: PALM COAST, FL 32137

Title: VD  
Name: BERNARD, LORREL  
Address: 39 WOODWORTH DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: NOEL, MARK  
Address: 1 WAYLER PLACE  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: CECIL F. ELLIOTT  
Address: 51 WOODWORTH DRIVE  
City-St-Zip: PALM COAST, FL

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM MCKILLOP

PRES

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date