

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-15-2002 90084 001 ****61.25

DOCUMENT # N95000004251

1. Entity Name

GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SHIRLEY LINCOLN
 6264 JAYS WAY
 MILTON FL 32570

C/O SHIRLEY LINCOLN
 6264 JAYS WAY
 MILTON FL 32570

14243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3238461

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINCOLN, SHIRLEY
 6264 JAYS WAY
 MILTON FL 32570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Shirley Lincoln

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ROWELL, KEITH	
STREET ADDRESS	5684 ZINNIA AVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VP Pres	<input type="checkbox"/> Delete
NAME	LINCOLN, DWIGHT	
STREET ADDRESS	6264 JAYS WAY	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	POLLITT, OTIS	
STREET ADDRESS	5008 MATHEW RD	
CITY-ST-ZIP	PACE FL 32591	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATES, O. D.	
STREET ADDRESS	5026 WILLARD NORRIS ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINCOLN, SHIRLEY	
STREET ADDRESS	6264 JAYS WAY	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith Rowell	
STREET ADDRESS	5684 Zinnia Ave	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwight Lincoln	
STREET ADDRESS	6264 JAYS WAY	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM Beard	
STREET ADDRESS	999 Bayou Blvd.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE Blanton	
STREET ADDRESS	3315 W. DeSoto St.	
CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loyan Fink	
STREET ADDRESS	7210 Belgium Rd.	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Easley	
STREET ADDRESS	29840 Spring Branch Rd.	
CITY-ST-ZIP	Elbeata, AL 36530	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shirley Lincoln

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

DATE

850-626-9349

DAYTIME PHONE #

CR2E037 (9/01)