

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2009  
Secretary of State**

DOCUMENT# N98000003603

Entity Name: GULF COAST KID'S HOUSE, INC.

**Current Principal Place of Business:**

3401 N 12TH AVE.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

3401 N 12TH AVE.  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 59-3520130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PATTERSON, ANNE  
3401 N 12TH AVE.  
PENSACOLA, FL 32503      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: D      ( ) Delete  
Name: PATTERSON, ANNE  
Address: PO BOX 12726  
City-St-Zip: PENSACOLA, FL 32575

Title: D      ( ) Delete  
Name: MCALPIN, RICHARD  
Address: 25 WEST CEDAR STRET, SUITE 313  
City-St-Zip: PENSACOLA, FL 32501

Title: D      ( ) Delete  
Name: LEVIN, TERI  
Address: 1525 WHITE CAPS LANE  
City-St-Zip: PENSACOLA, FL 32507

Title: DT      ( ) Delete  
Name: BEASLEY, MARVIN  
Address: 316 S BAYLEN STREET, SUITE 200  
City-St-Zip: PENSACOLA, FL 32501

Title: DC      ( ) Delete  
Name: PEADEN, DAVID  
Address: 440 BAYOU BLVD, SUITE 45  
City-St-Zip: PENSACOLA, FL 32503

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D      (X) Change ( ) Addition  
Name: PEADEN, DAVID  
Address: 440 BAYOU BLVD, SUITE 45  
City-St-Zip: PENSACOLA, FL 32503

Title: DC      ( ) Change (X) Addition  
Name: BALLINGER, MALCOLM  
Address: 1449 PLAYERS CLUB CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

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: MARVIN BEASLEY

TR

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date