

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