2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004286

FILED May 05, 2008 Secretary of State

Entity Name: GULF COAST CHARITY CELEBRATION ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 610 WEST BEACH DRIVE 839 JENKS AVENUE PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 **Current Mailing Address: New Mailing Address:** 610 WEST BEACH DRIVE 839 JENKS AVENUE PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 FEI Number: 59-3527522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLACKMON-MILLIGAN, MARTHA BLACKMON-MILLIGAN, MARTHA 610 WEST BEACH DRIVE 839 JENKS AVENUE PANAMA CITY, FL 32401 US PANAMA CITY, FL 32401 US 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: 05/05/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRIFFITTS, PHILLIP Name: Name: Address: 357 EAGLE DRIVE Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WILLIAMS, CATHY Name: WILLIAMS, CATHY Address: 610 WEST BEACH DRIVE Address: 839 JENKS AVENUE City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401 Title: () Delete Title: **EXEC** (X) Change () Addition SHAFER, DONALD H FISHER, TODD P Name: Name: 13911 PC BEACH PKWY 839 JENKS AVENUE Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: PANAMA CITY, FL 32401 () Delete (X) Change () Addition Title: Title: LEE. BEN J Name: Name: LEE. BEN J Address: 610 W. BEACH DR. Address: 839 JENKS AVENUE City-St-Zip: PANAMA CITY, FL 32401 US City-St-Zip: PANAMA CITY, FL 32401 US

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: TODD P FISHER **EXEC** 05/05/2008