

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004286

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** GULF COAST CHARITY CELEBRATION ASSOCIATION, INC.

**Current Principal Place of Business:**

839 JENKS AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

418 N. COVE BLVD.  
PANAMA CITY, FL 32401

**Current Mailing Address:**

839 JENKS AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

418 N. COVE BLVD.  
PANAMA CITY, FL 32401

**FEI Number:** 59-3527522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACKMON-MILLIGAN, MARTHA  
839 JENKS AVENUE  
PANAMA CITY, FL 32401 US

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

BLACKMON MILLIGAN, MARTHA  
418 N. COVE BLVD.  
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: MARTHA BLACKMON MILLIGAN

03/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRIFFITTS, PHILLIP  
Address: 357 EAGLE DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D  
Name: WILLIAMS, CATHY  
Address: 418 N. COVE BLVD.  
City-St-Zip: PANAMA CITY, FL 32401

Title: EXEC  
Name: WAY, THADDEUS W  
Address: 418 N. COVE BLVD.  
City-St-Zip: PANAMA CITY, FL 32401

Title: D  
Name: LEE, BEN J  
Address: 418 N. COVE BLVD.  
City-St-Zip: PANAMA CITY, FL 32401 US

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: THADDEUS W. WAY

EXEC

03/31/2010

Electronic Signature of Signing Officer or Director

Date