

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003338

FILED  
Oct 05, 2005  
Secretary of State

**Entity Name:** GULF COAST AFRICAN AMERICAN CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

17 WEST MAXWELL STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 17844  
PENSACOLA, FL 32522

**New Mailing Address:**

**FEI Number:** 59-3681641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRIS, HENRY  
1090 BARTOW AVENUE  
PENSACOLA, FL 32507 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: HENRY HARRIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: WOOTEN, CORNELIUS  
Address: 5787 ANNA SIMPSON ROAD  
City-St-Zip: MILTON, FL 32583

Title: SD ( ) Delete  
Name: SIMS, DARNELL  
Address: 2002 FILLY ROAD  
City-St-Zip: CANTONMENT, FL 32533

Title: TD ( ) Delete  
Name: THOMPSON, LINDA  
Address: 3642 BARRANCAS AVE  
City-St-Zip: PENSACOLA, FL 32507

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORNEILUS WOOTEN

CD

10/05/2005

Electronic Signature of Signing Officer or Director

Date