

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003338

FILED
Jul 20, 2009
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:

321 N. DEVILLIERS ST.
PENSACOLA, FL 32501

Current Mailing Address:

17 W MAXWELL STREET
PENSACOLA, FL 32501

New Mailing Address:

P O BOX 17844
PENSACOLA, FL 32501

FEI Number: 59-3681641 **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:

BALDWIN, PHYLESIA
17 WEST MAXWELL STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BALDWIN, PHYLESIA
321 N. DEVILLIERS ST.
PENSACOLA, FL 32501 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: PHYLESIA BALDWIN

07/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MANSKER, VAN
Address: 5131 CHANDELLE DR
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: BALDWIN, PHYLESIA
Address: 2057 PIN HIGH DR
City-St-Zip: PENSACOLA, FL 32526

Title: VPD (X) Delete
Name: DARDEN, OLIVER
Address: 321 N DEVILLERS ST., STE 206
City-St-Zip: PENSACOLA, FL 32501

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: DASRDEN, OLIVER
Address: P. O. BOX 1992
City-St-Zip: PENSACOLA, FL 32591

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

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

Title: SD () Change (X) Addition
Name: PHYLESIA, BALDWIN
Address: P O BOX 19844
City-St-Zip: PENSACOLA, FL 32501 ES

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: PHYLESIA BALDWIN

SD

07/20/2009

Electronic Signature of Signing Officer or Director

Date