

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005461

FILED
Feb 17, 2009
Secretary of State

Entity Name: GULF COAST CHILDREN'S ADVOCACY CENTER, INC.

Current Principal Place of Business:

700 W. 23RD STREET
BLDG E SUITE 40
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

700 W. 23RD STREET
BLDG E SUITE 40
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 59-3623103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, NANCY
421 MAGNOLIA AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

O'CONNOR, NANCY
204 N. HARVEY ETHRIDGE STREET
BONIFAY, FL 32425 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: NANCY O'CONNOR

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILLOUGHBY, RENEE
Address: 1138 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: P () Delete
Name: O'CONNOR, NANCY
Address: P.O. BOX 140
City-St-Zip: PANAMA CITY, FL 32402

Title: T () Delete
Name: VAN ETEN, JOHN
Address: 1209 EAST 15TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: S () Delete
Name: GAINER, JAN
Address: 700 W. 23RD ST BLD E SUITE 40
City-St-Zip: PANAMA CITY, FL 32405

Title: ED () Delete
Name: HOBBS, JARRED L
Address: 700 W. 23RD ST BLD E SUITE 40
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: O'CONNOR, NANCY
Address: 204 N. HARVEY ETHRIDGE STREET
City-St-Zip: BONIFAY, FL 32425

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 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: JARRED LAMAR HOBBS

E.D.

02/17/2009

Electronic Signature of Signing Officer or Director

Date