




**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90003 014 ***150.00

1. Entity Name P097000008745 GULF COAST FINANCIAL TRUST, INC.		
Principal Place of Business 4532 W. Kennedy Blvd #281 Tampa, FL 33609	Mailing Address Post Office Box 20082 Tampa, FL 33622	40107037 
DO NOT WRITE IN THIS SPACE		05032008 No Chg-NP CR2E037 (4/06)
6. Name and Address of Current Registered Agent John A. Seccas, President 4532 W. Kennedy Blvd. #281 Tampa, FL 33609		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	John A. Seccas, President Post Office Box 20082 Tampa, FL 33622	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-28-8 <small>Daytime Phone #</small>