

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749531

Entity Name: GULF COAST BAPTIST CHURCH INC. OF PENSACOLA,
FLORIDA**Current Principal Place of Business:**1499 CHEMSTRAND RD.
CANTONMENT, FL 32533**Current Mailing Address:**1499 CHEMSTRAND RD
CANTONMENT, FL 32533**FEI Number:** 65-0858762**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANIEL, DENNIS
1499 CHEMSTRAND RD.
CANTONMENT, FL 32533 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:** DENNIS DANIEL

04/19/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DANIEL, DENNIS
Address 1499 CHEMSTRAND RD.
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR
Name TOWNSEND, MICHAEL
Address 1499 CHEMSTRAND RD.
City-State-Zip: CANTONMENT FL 32533

Title TREASURER
Name WILLIAMS, STANLEY
Address 1499 CHEMSTRAND RD.
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR
Name SULLIVAN, JOHN
Address 1499 CHEMSTRAND RD
City-State-Zip: CANTONMENT FL 32533

Title VP, SECRETARY, DIRECTOR
Name ORDWAY, ALAN
Address 1499 CHEMSTRAND RD.
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR
Name LUNDELL, BRANDON
Address 1499 CHEMSTRAND RD.
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR
Name GEISER, CHARLES
Address 1499 CHEMSTRAND RD
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR
Name THOMAS, STEVE
Address 1499 CHEMSTRAND ROAD
City-State-Zip: CANTONMENT FL 32533

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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: STANLEY WILLIAMS**TREASURER**

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARRETT, TRAVIS
Address 1499 CHEMSTRAND ROAD
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR
Name WHITCHER, MARK
Address 1499 CHEMSTRAND ROAD
City-State-Zip: CANTONMENT FL 32533