

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08987

**Entity Name:** GULF COAST ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**2800 PAN AMERICAN BLVD.  
NORTH PORT, FL 34287**Current Mailing Address:**P.O. BOX 8009  
NORTH PORT, FL 34290 US**FEI Number:** 59-2329308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HRONEK, LISA  
2623 RIDLEY LANE  
NORTH PORT, FL 34287 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:** LISA HRONEK

03/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name HRONEK, LISA  
Address 2623 RIDLEY LANE  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name ELLISON, MARCIA  
Address 7286 BRANCH TERR  
City-State-Zip: NORTH PORT FL 34287

Title DIRECTOR  
Name KRAUSE, TIM  
Address 4381 AMANDA AVE  
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR  
Name MOZENA, GLEN  
Address P.O. BOX 8009  
City-State-Zip: NORTH PORT FL 34290

Title DIRECTOR  
Name RAY, LENORA  
Address 1292 S. CRANBERRY  
City-State-Zip: NORTH PORT FL 34286

Title DIRECTOR  
Name COCHRAN, RONALD  
Address 330 EVAN DR  
City-State-Zip: PORT CHARLOTTE FL 33954

*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:** LENORA RAY**BILLING CLERK**

03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date