2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2019
Secretary of State
5519756012CC

DOCUMENT# N95000004251

Entity Name: GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.

Current Principal Place of Business:

4841 ALEFF ROAD
MILTON, FL 32571

Current Mailing Address:

4841 ALEFF ROAD
MILTON, FL 32571 US

FEI Number: 59-3238461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHRYOCK, MILTON T
4841 ALEFF ROAD
MILTON, FL 32571 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: MILTON T SHRYOCK 03/16/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BLANTON, MIKE
Address	4771 EASTER STREET
City-State-Zip:	PACE FL 32571

Title	SECRETARY
Name	KOCH, REBECCA
Address	1616 GREENBRIER BLVD.
City-State-Zip:	PENSACOLA FL 32514

Title	DIRECTOR
Name	FINK, LOGAN
Address	7210 BELGIUM ROAD
City-State-Zip:	PENSACOLA FL 32526

Title	DIRECTOR
Name	JOHNSTON, BILL
Address	9025 BLUEBAY LN.
City-State-Zip:	PENSACOLA FL 32506

Title	VP
Name	ECKENRODE, CLINT
Address	301 LINCOLN DRIVE NW
City-State-Zip:	FT WALTON BEACH FL 32547

Title	TREASURER
Name	SHRYOCK, MILTON
Address	4841 ALEFF ROAD
City-State-Zip:	PACE FL 32571

Title	DIRECTOR
Name	BATES, O.D.
Address	5026 WILLARD NORRIS ROAD
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	NEWBURN, LARRY
Address	3560 FIRESTONE BLVD.
City-State-Zip:	PENSACOLA FL 32503

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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: MILTON T. SHRYOCK TREASURER 03/16/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FOWLER, DALE
Address	3524 SOUTHWIND DR.
City-State-Zip:	GULF BREEZE FL 32563