

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004251

Entity Name: GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.**Current Principal Place of Business:**4779 NICHOLS CREEK ROAD
MILTON, FL 32583**Current Mailing Address:**4779 NICHOLS CREEK ROAD
MILTON, FL 32583 US**FEI Number: 59-3238461****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACKEY, CHERYL
4779 NICHOLS CREEK ROAD
MILTON, FL 32583 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:** CHERYL MACKEY

02/12/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BLANTON, MIKE
Address	4771 EASTER STREET
City-State-Zip:	PACE FL 32571
Title	S
Name	MACKEY, CHERYL
Address	4779 NICHOLS CREEK ROAD
City-State-Zip:	MILTON FL 32583
Title	D
Name	ECKENRODE, CLINT
Address	301 LINCOLN DR.
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	VP
Name	LAMBETH, MITCH
Address	5025 WILLARD NORRIS ROAD
City-State-Zip:	MILTON FL 32570
Title	T
Name	SHRYOCK, MILTON
Address	4841 ALEFF ROAD
City-State-Zip:	PACE FL 32571
Title	D
Name	BATES, O.D.
Address	5026 WILLARD NORRIS ROAD
City-State-Zip:	MILTON FL 32570

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: CHERYL MACKEY**SECRETARY**

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date