

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004073

Entity Name: GULF COAST ARTISTS' ALLIANCE, INC.

Current Principal Place of Business:

2604 CENTRAL AVENUE
SAINT PETERSBURG, FL 33712

Current Mailing Address:

2604 CENTRAL AVENUE
SAINT PETERSBURG, FL 33712 US

FEI Number: 71-0888450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIENNEAU, JUDITH A
3501 40TH ST. N.
SAINT PETERSBURG, FL 33713 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR, TREASURER
Name VIENNEAU, JUDITH A
Address 3501 40TH ST. N.
City-State-Zip: SAINT PETERSBURG FL 33713

Title D
Name CUMMINGS, MARIE
Address P.O. BOX 596
City-State-Zip: DUNEDIN FL 34697

Title D
Name EGGERT, NANCY
Address 1670 BAYSHORE BLVD.
City-State-Zip: DUNEDIN FL 34698

Title D
Name EHRSAM, BOO
Address 9000-50TH ST. N.
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name RICHARDSON, JOHN
Address 1200 BLUFFS CIR.
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR, SECRETARY
Name SHELTON, CAROLE
Address 6118 SCHOONER WAY
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name ROSAS-RASDALL, LOURDES
Address 209 VALENCIA CIRCLE
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name ROSEFELT, CAROLE
Address 5530 80TH ST. N.
APT. D105
City-State-Zip: SAINT PETERSBURG FL 33709

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: JUDITH A VIENNEAU

TREASURER

04/08/2022

Electronic Signature of Signing Officer/Director Detail

_____ Date