## **2021 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

FILED Mar 31, 2021

**Secretary of State** 

9092483201CC

Officer/Director Detail:

Title DIRECTOR, TREASURER Title I

NameVIENNEAU, JUDITH ANameCUMMINGS, MARIEAddress3501 40TH ST. N.Address4840 1ST ST. N.

City-State-Zip: SAINT PETERSBURG FL 33713 City-State-Zip: SAINT PETERSBURG FL 33703

Title D Title D

NameEGGERT, NANCYNameYOUNG, YVONNEAddress1670 BAYSHORE BLVD.Address1103 14TH ST. N.

City-State-Zip: DUNEDIN FL 34698 City-State-Zip: ST. PETERSBURG FL 33705

Title D Title DIRECTOR

NameEHRSAM, BOONameRICHARDSON, JOHNAddress9000-50TH ST. N.Address1200 BLUFFS CIR.City-State-Zip:PINELLAS PARK FL 33782City-State-Zip:DUNEDIN FL 34698

Title DIRECTOR, SECRETARY Title DIRECTOR

NameSHELTON, CAROLENameROSAS-RASDALL, LOURDESAddress6118 SCHOONER WAYAddress8950 BAYWOOD PARK DRIVE

City-State-Zip: TAMPA FL 33615 City-State-Zip: SEMINOLE FL 33777

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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: JUDITH A. VIENNEAU TREASURER 03/31/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name ROSEFELT, CAROLE Address 2433 BRAZILIA #19

City-State-Zip: CLEARWATER FL 33763