

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13597

**Entity Name:** GULFCOAST HOUSING FOUNDATION, INC.

**Current Principal Place of Business:**

5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

**Current Mailing Address:**

5300 W. CYPRESS ST.  
SUITE 200  
TAMPA, FL 33607 US

**FEI Number:** 59-2645275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHADWICK, JAMES M  
5300 W. CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607 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 VPD  
Name LAMPE, DOUGLAS  
Address 730 64TH AVENUE  
City-State-Zip: ST. PETE BEACH FL 33706

Title PD  
Name ATTKISSON, JAMES R  
Address 9600 KOGER BLVD., SUITE 105  
City-State-Zip: SAINT PETERSBURG FL 33702

Title STD  
Name BROWN, LARRY  
Address 5802 N. OCCIDENT ST.  
City-State-Zip: TAMPA FL 33614

Title D  
Name JOHNSON, DAVID  
Address 2799 FEATHER SOUND DRIVE  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name CLARKE, CARTER  
Address 2655 ULMERTON ROAD  
SUITE 122  
City-State-Zip: CLEARWATER FL 33762

*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:** JAMES R. ATTKISSON

**PRESIDENT**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date