

2022 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:**MACDONALD, LAUREL
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:** LAUREL MACDONALD

02/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LAMPE, DOUGLAS
Address 730 64TH AVENUE
City-State-Zip: ST. PETE BEACH FL 33706

Title DIRECTOR
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

Title DIRECTOR
Name ELEAZER, FORREST
Address 325 21ST AVENUE NE
 200
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR
Name ELLIS, ADAM
Address 135 16TH AVE NE
City-State-Zip: ST PETERSBURG FL 33701

Title VP
Name CARTER IV, CLARKE
Address 931 26TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33713

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: DOUGLAS LAMPE

PRESIDENT

02/25/2022

Electronic Signature of Signing Officer/Director Detail

Date