

**2020 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	STD
Name	BROWN, LARRY
Address	5802 N. OCCIDENT ST.
City-State-Zip:	TAMPA FL 33614

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

Title	DIRECTOR
Name	ELLIS, ADAM
Address	540- SECOND AVENUE SOUTH
City-State-Zip:	ST PETERSBURG FL 33701

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

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

Title	DIRECTOR
Name	ELEAZER, FORREST
Address	2363 GULF TO BAY BLVD 200
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	CARTER IV, CLARKE
Address	7600 131ST STREET
City-State-Zip:	SEMINOLE FL 33776

*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 ATTKISSON**PRESIDENT****03/25/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date