## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009656

Entity Name: GULF COAST COLLEGE AND SEMINARY INC.

**FILED** Feb 27, 2020 **Secretary of State** 8670319564CC

## **Current Principal Place of Business:**

4110 HERRING AVE MARIANNA, FL 32448

## **Current Mailing Address:**

5667 LUNKER LANE

TALLAHASSEE. FL 32303 US

FEI Number: 47-3448990 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

JOHNSON, ABE 3122 MAHAN DR STE 801 274

TALLAHASSEE, FL 32308 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **CHAIRMAN** Title VC

JOHNSON, ABE Name Name JOHNSON, MITTIE P

Address 3122 MAHAN DR Address 3122 MAHAN DR STE 801 274

STE 801 274

TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 City-State-Zip: City-State-Zip:

TRUSTEE Title TRUSTEE Title

Name SMITH, AUNDRE G Name RAINEY, JUDITH

Address 3122 MAHAN DR Address 3122 MAHAN DR STE 801 274 STE 801 274

TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 City-State-Zip:

Title **DEAN** Title TRUSTEE

JOHNSON, ABE III Name WILSON, NELSON D DR. Name

Address 3122 MAHAN DR Address 3122 MAHAN DR STE 801 274 STE 801 274

TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 City-State-Zip: City-State-Zip:

Title TRUSTEE

JOHNSON, DEREK LOWELL Name

Address 3122 MAHAN DR

STE 801 274

TALLAHASSEE FL 32308 City-State-Zip:

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.

02/27/2020 SIGNATURE: ABE JOHNSON **CHAIRMAN** 

Electronic Signature of Signing Officer/Director Detail

Date