

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009656

**Entity Name:** GULF COAST COLLEGE AND SEMINARY INC.

**Current Principal Place of Business:**

4110 HERRING AVE  
MARIANNA, FL 32448

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC2674305138**

**Current Mailing Address:**

3111 MAHAN DR STE 20  
104  
TALLAHASSEE, FL 32308

**FEI Number:** 47-3448990

**Certificate of Status Desired:** No

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

JOHNSON, ABE  
3111 MAHAN DR STE 20  
104  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name JOHNSON, ABE  
Address 3111 MAHAN DR STE 20  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name JOHNSON, MITTIE P  
Address 3111 MAHAN DR STE 20  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name SMITH, AUNDRE G  
Address 3111 MAHAN DR STE 20  
City-State-Zip: TALLAHASSEE FL 32308

*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:** ABE JOHNSON

**PRESIDENT**

**04/15/2016**

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

\_\_\_\_\_ Date