

2024 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**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:**WILSON, NELSON D DR.
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:** NELSON D WILSON

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DEAN, VICE
CHANCELLOR**Name** WILSON, NELSON D DR.**Address** 3122 MAHAN DR
STE 801 274**City-State-Zip:** TALLAHASSEE FL 32308**Title** VP, ACADEMIC OPERATIONS**Name** FORWARD, HENRY DR.**Address** 3122 MAHAN DR
STE 801 274**City-State-Zip:** TALLAHASSEE FL 32308**Title** VP, CAMPUS OPERATIONS**Name** GREENE, DAVID DR.**Address** 3122 MAHAN DR
STE 801 274**City-State-Zip:** TALLAHASSEE FL 32308**Title** VP, ECAMPUS OPERATIONS**Name** CURRY, JOSEPH REV.**Address** 3122 MAHAN DR
STE 801 274**City-State-Zip:** TALLAHASSEE FL 32308**Title** OTHER, OWNER/OPERATOR
EDUCATION BASED CONSULTANTS
OF AMERICA LLC**Name** JOHNSON, ABE DR.**Address** 3122 MAHAN DR
STE 801 274**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: NELSON D WILSON

PRESIDENT

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date