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

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: GULF COAST COLLEGE AND SEMINARY INC.

3111 MAHAN DR STE 20 104 TALLAHASSEE, FL 32308

Current Mailing Address:

DOCUMENT# N1400009656

3111 MAHAN DR STE 20 104 TALLAHASSEE, FL 32308

FEI Number: 47-3448990

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

Officer/Director Detail :

	Title	Ρ	Title	VP
	Name	JOHNSON, ABE	Name	JOHNSON, MITTIE P
	Address	3111 MAHAN DR STE 20	Address	3111 MAHAN DR STE 20
	City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
	Title	D		
	Name	SMITH, AUNDRE G		
	Address	3111 MAHAN DR STE 20		
	City-State-Zip:	TALLAHASSEE FL 32308		

03/19/2015

Date

FILED Mar 19, 2015 Secretary of State CC2383579374

Certificate of Status Desired: No

PRESIDENT

Date