

2019 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:**3122 MAHAN DR
STE 801 274
TALLAHASSEE, FL 32308 US**FEI Number:** 47-3448990**Certificate of Status Desired:** No**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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name JOHNSON, ABE
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title VC
Name JOHNSON, MITTIE P
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title TRUSTEE
Name SMITH, AUNDRE G
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title TRUSTEE
Name RAINEY, JUDITH
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title DEAN
Name WILSON, NELSON D DR.
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title TRUSTEE
Name JOHNSON, ABE III
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title TRUSTEE
Name JOHNSON, DEREK LOWELL
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: ABE JOHNSON

CHAIRMAN

03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date