

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004794

Entity Name: GULF COAST BANK & TRUST COMPANY**Current Principal Place of Business:**50 SOUTH HOLIDAY ROAD
SUITE 700
MIRAMAR BEACH, FL 32550**Current Mailing Address:**200 ST CHARLES AVE
NEW ORLEANS, LA 70130 US**FEI Number:** 72-1167423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OCHS, JONATHAN
50 SOUTH HOLIDAY ROAD
SUITE 700
MIRAMAR , FL 32550 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:** JONATHAN OCHS**01/03/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHRM
Name	WILLIAMS, GUY T
Address	200 ST. CHARLES AVE.
City-State-Zip:	NEW ORLEANS LA 70130

Title	P
Name	WILLIAMS, GUY T
Address	200 ST. CHARLES AVE.
City-State-Zip:	NEW ORLEANS LA 70130

Title	V
Name	FALKENSTEIN, BRUCE
Address	18258 VETERANS BLVD.
City-State-Zip:	METAIRIE LA 70005

Title	ST
Name	HOLLIER N, GREGORY J
Address	200 ST. CHARLES AVE.
City-State-Zip:	NEW ORLEANS LA 70130

Title	VP
Name	VEAL, DEANA L
Address	1825 VETERANS MEM BLVD
City-State-Zip:	METAIRIE LA 70005

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY J HOLLIER N**SECRETARY****01/03/2025**

Electronic Signature of Signing Officer/Director Detail

Date