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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734766 (9)

1. Corporation Name

GULF COAST SEMINARY, INC.

Principal Place of Business

4101 W. 21ST T.
BOX B
PANAMA CITY FL 32405

Mailing Address

4101 W. 21ST T.
BOX B
PANAMA CITY FL 32405



3. Date Incorporated or Qualified
01/06/1976

3a. Date of Last Report
10/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1743603

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WADE, LARRY E

~~4600 TROPICAL DR.~~

~~P.O. BOX 3725~~

PANAMA CITY FL 32404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2240 EDGEWOOD DRIVE

83

84 City

PANAMA CITY

FL

85 Zip Code
32405

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Larry E. Wade*

Larry E. Wade

17 Feb 97

(Signature used or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WADE, LARRY E
STREET ADDRESS 4600 TROPICAL DR.
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2240 Edgewood Dr.
1.4 CITY-ST-ZIP Panama City, Fl. 32405

TITLE VPD ☐ DELETE
NAME RIGBY, JOHN
STREET ADDRESS 7807 LEE ROAD
CITY-ST-ZIP SMITHS AL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME WADE, ANGELA R
STREET ADDRESS 4600 TROPICAL DR.
CITY-ST-ZIP PANAMA CITY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 2240 Edgewood Dr,
3.4 CITY-ST-ZIP Panama City, Fl. 32405

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry E. Wade

Larry E. Wade

17 Feb 97

CR2E037 (9/96)