

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 17 PM 3:33

DOCUMENT # 734766

1. Corporation Name

Gulf Coast Seminary, INC

2. Principal Office Address

2240 EDGEWOOD DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL.

City & State

Zip

32405

Country

BAY

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1976

5. FEI Number

59-1743603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LARRY E. WADE

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

2240 EDGEWOOD DR

Suite, Apt. #, Etc.

City

PANAMA CITY, FL.

State
FL

Zip Code
32405

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Larry E. Wade
REGISTERED AGENT MUST SIGN

Date 17 June 04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	JOHN RIGBY	2240 EDGEWOOD DR	PANAMA CITY, FL. 32405
ST	ANGELA R. WADE	2240 EDGEWOOD DR	PANAMA CITY, FL 32405
PD	LARRY E. WADE	2240 EDGEWOOD DR	PANAMA CITY, FL 32405

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Larry E. Wade

17 June 04

850-872-9309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)