2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 734766

Entity Name: GULF COAST COLLEGE AND SEMINARY INC.

Current Principal Place of Business:

2240 EDGEWOOD DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2240 EDGEWOOD DRIVE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-1743603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WADE, LARRY E
2240 EDGEWOOD DR.
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WADE, LARRY E
Address: 2240 EDGEWOOD DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VPD ( ) Delete
Name: RIGBY, JOHN
Address: 2240 EDGEWOOD DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: ST ( ) Delete
Name: WADE, ANGELA R
Address: 2240 EDGEWOOD DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRAXTON, JAMES
Address: 2240 EDGEWOOD DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: JOHNSON, ABE
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY E WADE PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date