Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 746085

GULF COAST MUSEUM OF ART, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

222 PONCE DE LEON BOULEVARD BELLEAIR FL 34616 US

2. Principal Place of Business

Suite, Apt. #, etc.

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222 PONCE DE LEON BOULEVARD BELLEAIR FL 34616

US

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FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90007 035 ****61.25



3. Date Incorporated or Qualifed

02/27/1979

59-0624400

4. FEI Number

City & State		City & State			5. Certifcate of Status Desired	Fee Rec	
23	Country	Zip	Country		6. Election Campaign Financing	\$5.00 1	/av Be
Zip	Country	29 30	1		Trust Fund Contribution	Added to	, ,
24	9. Name and Address of Current I				10. Name and Address of New Registe	red Agent	
3. Raille alid Address of Odiffic registrous (game)				Name	DATE OF		l
y a y Consta				MULC	OCK , DAVID G.		
MLOCK, DAVID G Name Spelling, Correction				Street Address (P.O. Box Number is Not Acceptable) ONE PROGRESS PLAZA, SUITE 2300			
MLOCK, DAVID G Name Spelling Correction ONVE PROGRESS PLAZA; SUITE 2300 Address Correctione				ONE I	ROOKEDD I BREM, DOITE L		
200 CENTRAL AVENUE							
ST PETERSBURG FL 33701			84	City		FL 85 Zip C	
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							
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submissible statement of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submissible statement of the provisions of Sections 617.0502 and 617.1508 a							
		Mia Di, Oddian attributa, transcri					
SIGNATURE	Signature, 1944 V pribled name of registed as Och	and title if applicable. (NOTE: Re	gistered Agen	t signature required	d when reinstating) DAT		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	TP	☐ DELETE	1,1 TITLE	TE		🐴 Change	☐ Addition
NAME	WATROUS, JAMES S		1.2 NAME		WAYNE MOCK, PRESIDENT		ı
STREET ADDRESS	501 PALMETTO ROAD		1.3 STREET		3 ALORA ST., NE		
CITY-ST-ZIP	BELLEAIR FL 33756		1.4 CITY-S	T-ZIP ST	PETERSBURG, FL 33704		
TITLE	TS	☐ DELETE	2.1 TITLE	TS	•	Change	Addition
NAME	LOKEY, MARILYN M		2.2 NAME	BON	NITA L. COBB, SECRETARY		
STREET ADDRESS	520 PONCE DE LEON BLVD		2.3 STREE	TADDRESS 639	96 18th ST., NE '		
CITY-ST-ZIP	BELLEAIR FL 33756		2.4 CITY-5	ST-ZIP ST	PETERSBURG, FL 33702		
TITLE	П	☐ DELETE	3.1 TITLE	T	Γ	☐ Change	☐ Addition
NAME	CRASKE, ANDREW J		3.2 NAME		same - Andrew J. Craske		
STREET ADDRESS			3.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770		3.4. CITY-5	ST-ZSP			
TITLE	ED	☐ DELETE	4.1 TITLE	ED		☐ Change	☐ Addition
NAME	KEN ROLLINS		4. 2 NAME		Same - Ken Rollins		
STREET ADDRESS	222 PONCE DE LEON BLVD	•	4.3 STREE	T ADDRESS "	Dame Ken Rolling		
CITY-ST-ZIP	BELLEAIR FL 33756		4.4 CITY- S	T-ZIP			T A dalling
TITLE		☐ DELETÉ	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP		Change	7 Addition
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	1			TADDRESS			
CITY-ST-ZIP	•		6.4 CITY-5		The state of the s	as and firehat the	nformation
14. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I furth	er cenny that the I	niomalion I am an

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 at 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, oyon an attachment with an address, with all other like empowered. REQUIRED KEN ROLLINS, ED

727-584-8634

Daytime Phone #