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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 758833

(8)

1. Corporation Name

GULF COAST CHRISTIAN SCHOOL, INC.



Principal Place of Business

% SHIRLEY BASSFORD  
6355 38TH AVENUE NORTH  
ST PETERSBURG FL 33710

Mailing Address

% SHIRLEY BASSFORD  
6355 38TH AVENUE NORTH  
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified  
06/19/1981

3a. Date of Last Report  
05/01/1995

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  
59-2188779

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

EDMASTON, MERRILY  
6350 40TH AVE N  
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

STD  
GRAVES, MILDRED P  
626 BOCA CIEGA PT BLVD N  
ST PETERSBURG, FL 00000

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VPD  
EPPES, ROY C  
11897 WALKER AVE  
SEMINOLE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD  
STRITTMATTER, DON  
4395 34TH ST AVE S  
ST PETERSBURG FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP

STD  
LINDA SMOCK  
9657 LAKE SEMINOLE DR E.  
SEMINOLE FL 34649

☒ Change ☒ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP

VPD  
JEFF ROBERTSON  
6785 28TH AVE N  
ST PETERSBURG FL 33710

☒ Change ☒ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP

PD  
MARK STEINER  
5819 BAYOU GRANDE BLVD NE  
ST PETERSBURG FL 33703

☒ Change ☒ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP

☒ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JEFFREY C. ROBERTSON

6/1/96

813-824-7534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT/DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)