


FILED

Sep 12 1997 8:00am
Secretary of State

<p>NONPROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 758833 (8)
1. Corporation Name
GULF COAST CHRISTIAN SCHOOL, INC.

Principal Place of Business	Mailing Address
W. SHIRLEY DASSFORD 6355 38TH AVENUE NORTH ST PETERSBURG FL 33710	W. SHIRLEY DASSFORD 6355 38TH AVENUE NORTH ST PETERSBURG FL 33710

2. Principal Place of Business		2a. Mailing Address	
21	76 William M. Alsop Suite, Apt. #, etc.	2b	William M. Alsop Suite, Apt. #, etc.
22	6355 38th Ave N City & State	27	6355 38th Ave N City & State
23	St. Petersburg FL	28	St. Petersburg FL
24	Zip 33710	29	Zip 33710
25	Country USA	30	Country USA

g. Name and Address of Current Registered Agent		81	Name
EDMIASTON, MERRILY 6350 40TH AVE N ST PETERSBURG FL 33709		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation is a limited liability company ☒ corporation ☐ partnership ☐ other ☐ office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE William M. Alesup, Administrator WMA
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required)

12.		OFFICERS AND DIRECTORS	13.	
TITLE	STD	<input type="checkbox"/> DELETE	1.1 TITLE	VP
NAME	SMOCK, LINDA		1.2 NAME	8h
STREET ADDRESS	9857 LAKE SEMINOLE DR E.		1.3 STREET ADDRESS	96
CITY - ST - ZIP	SEMINOLE FL		1.4 CITY - ST - ZIP	0
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP
NAME	ROBERTSON, JEFF		2.2 NAME	E
STREET ADDRESS	6785 28TH AVE N		2.3 STREET ADDRESS	20
CITY - ST - ZIP	ST. PETERSBURG FL		2.4 CITY - ST - ZIP	31
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	STEINER, MARK		3.2 NAME	
STREET ADDRESS	5819 BAYOU GRANDE BLVD NE		3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL		3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	S/
NAME			4.2 NAME	Sh
STREET ADDRESS			4.3 STREET ADDRESS	63
CITY - ST - ZIP			4.4 CITY - ST - ZIP	51
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified 06/19/1981		3a. Date of Last Report 06/17/1996	
4. FEI Number 59-2188779		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent			
William M. Alsop ss (P.O. Box Number is Not Acceptable) 40 40th AVE N			
Petersburg		FL	65 Zip Code 33709
ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered			
William M. Alsop		9/5/97	
(when reinstating)		DATE	

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.

CP2E037 (4/97)