9/1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-17-2002 90091 039 ****61.25

DOCUMENT # 758833

1. Entity Name

GULF COAST CHRISTIAN SCHOOL, INC.

Principal Place of Business	Mailing Address
6355 38TH AVENUE NORTH ST PETERSBURG FL 33710 US	6355 38TH AVENUE NORTH ST PETERSBURG FL 33710 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2188779 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALSUP, WILLIAM M
6340 40TH AVE N
ST PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name: Linda G Smock
Street Address (P.O. Box Number is Not Acceptable): 9657 Lake Seminole DR E
City: Seminole FL Zip Code: 33773

8. 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: Linda G Smock Carol R Wood DATE: 9/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMOCK, LINDA 9657 LAKE SEMINOLE DR E. SEMINOLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SD Mary Rock 10471-36 St N Clearwater FL 33762	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HILTON, HANK 1305 51ST AVE NE SAINT PETERSBURG FL 33703	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas, VPD Carol Wood 1512 Seagull DR S St Petersburg FL 33707	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEINER, MARK 5819 BAYOU GRANDE BLVD NE ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres VPD Kym Scimek 5032 18th Ave N St Petersburg FL 33710	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUBINS, BARB 2592 55 ST N SAINT PETERSBURG FL 33710	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9-13-02 727 345 3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #