

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 758833

1. Entity Name
GULF COAST CHRISTIAN SCHOOL, INC.



Principal Place of Business
**6355 38TH AVENUE NORTH
ST PETERSBURG, FL 33710 US**

Mailing Address
**6355 38TH AVENUE NORTH
ST PETERSBURG, FL 33710 US**



03232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**SMOCK, LINDA G
9657 LAKE SEMINOLE DR E
SEMINOLE, FL 33773**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda G Smock

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

(NOTE: Registered Agent signature required when reinstating)

04/09/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000712380
04/26/07-80044-020 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYMAN, DOLORES 6600 SUNSET WAY #117B ST. PETERSBURG BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARNER, KEVIN 3647 BAYSHORE BLVD NE ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMON, THOMAS 5637 ESCONDIDA BLVD SOUTH SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COMBS, DAVID 14997 SUNSET STREET CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dolores Hayman, Dolores Hayman *4/9/07 727-368-0259*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #