

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758833

FILED
Apr 28, 2008
Secretary of State

Entity Name: GULF COAST CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

6355 38TH AVENUE NORTH
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

6355 38TH AVENUE NORTH
ST PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-2188779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HAYMAN, DOLORES
Address: 6600 SUNSET WAY #117B
City-St-Zip: ST. PETERSBURG BEACH, FL 33706 US

Title: VPD () Delete
Name: GARNER, KEVIN
Address: 3647 BAYSHORE BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: PD () Delete
Name: HARMON, THOMAS
Address: 5637 ESCONDIDA BLVD SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33715 US

Title: TR () Delete
Name: COMBS, DAVID
Address: 14997 SUNSET STREET
City-St-Zip: CLEARWATER, FL 33760 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HARMON

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date