SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $138.75 (IF PAID LATE, ADDITIONAL AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761024** **(9)**

1. Corporation Name

GULF COAST CHILDREN'S MEDICAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5154 BAYOU BLVD. PENSACOLA FL 32503-2102	5154 BAYOU BLVD. PENSACOLA FL 32503-2102

3. Date Incorporated or Qualified: **12/10/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2172279** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEDE STRADER
5154 BAYOU BLVD
PENSACOLA FL 32514

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 **32503**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	DUKES, TRICE	1.2 NAME	Gerald W. Adcox, Jr.	
STREET ADDRESS	3375 ROMMITCH COURT	1.3 STREET ADDRESS	621 E. Chase Street	
CITY-ST-ZIP	PENSACOLA FL 32504	1.4 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	PED	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	ADCOX, GERALD	2.2 NAME	Ed Carson	
STREET ADDRESS	3103 BRITTANY PLACE	2.3 STREET ADDRESS	2616 N. 12th Ave.	
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	SD	3.1 TITLE	V/D	☑ Change ☐ Addition
NAME	PROSE, CINDY	3.2 NAME	Brett Shaw	
STREET ADDRESS	1440 NORTH 61ST ST. 8-C	3.3 STREET ADDRESS	713 Poinciana Drive	
CITY-ST-ZIP	PENSACOLA FL 32506	3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	TD	4.1 TITLE	T/D	☑ Change ☐ Addition
NAME	REID, CLIFF	4.2 NAME	Cliff Reid	
STREET ADDRESS	4470 OLD SPANISH TRAIL, #53	4.3 STREET ADDRESS	6311 Keating Road	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		5.1 TITLE	S/D	☑ Change ☐ Addition
NAME		5.2 NAME	Trish Lee	
STREET ADDRESS		5.3 STREET ADDRESS	2190 Airport Blvd., Suite 3000	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pensacola, FL 32504-8907	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Cliff Reid (Cliff Reid) 6/26/95 (904)474-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

0010262