

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

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000005812

1. Entity Name
GSFA FLORIDA, INC.- 501C3



Principal Place of Business
215 SAINT BARNABAS ST.
PENSACOLA, FL 32503

Mailing Address
215 SAINT BARNABAS ST.
PENSACOLA, FL 32503



07052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2292700

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCKER, ART
215 SAINT BARNABAS ST.
PENSACOLA, FL 32503

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/5/07

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ROCKER, ART
STREET ADDRESS	215 SAINT BARNABAS ST.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	P
NAME	MORRIS, DELORES
STREET ADDRESS	215 SAINT BARNABAS ST.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	T
NAME	GREENWOOD, MONICA
STREET ADDRESS	215 SAINT BARNABAS ST.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/17/07-80006-005 70.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/07

Date

(850)444-9929

Daytime Phone #