

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90241 016 ****61.25

DOCUMENT # N02000009795

1. Entity Name
**GULF COAST ACADEMY OF SCIENCE AND
TECHNOLOGY, INC.**



Principal Place of Business
**10444 TILLERY ROAD
SPRING HILL, FL 34608**

Mailing Address
**10444 TILLERY ROAD
SPRING HILL, FL 34608**

60000460



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
04-3732649

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SIEFERT, NEVIN R II
10444 TILLERY ROAD
SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GATTI, JOSEPH A**
STREET ADDRESS **P O BX 1106**
CITY-ST-ZIP **BROOKSVILLE, FL 34605**

TITLE **SD** ☐ Delete
NAME **SIEFERT, NEVIN R II**
STREET ADDRESS **14131 PIER STREET**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **PD** ☐ Delete
NAME **O'CONNOR, KEVIN W**
STREET ADDRESS **19375 INGRAM STREET**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **VD** ☐ Delete
NAME **FLOYD, JACKYE**
STREET ADDRESS **13447 LAWRENCE ST**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **TD** ☐ Delete
NAME **BRAULT, BOBBY**
STREET ADDRESS **3375 BLUEFISH DR**
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE **D** ☐ Delete
NAME **EVANS, LORI**
STREET ADDRESS **9759 HORIZON DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34608**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Mike Nemetz**
STREET ADDRESS **5206 Deerfield Ave.**
CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nevin Ray Siefert II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/07 (352)688-5092
Daytime Phone #