

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009795

FILED
Jul 02, 2009
Secretary of State

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

Current Principal Place of Business:

10444 TILLERY ROAD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

10444 TILLERY ROAD
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 04-3732649 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIEFERT, NEVIN R II
10444 TILLERY ROAD
SPRING HILL, FL 34608 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: D () Delete
Name: GATTI, JOSEPH A
Address: P O BX 1106
City-St-Zip: BROOKSVILLE, FL 34605

Title: SD () Delete
Name: SIEFERT, NEVIN R II
Address: 14131 PIER STREET
City-St-Zip: SPRING HILL, FL 34609

Title: PD () Delete
Name: O'CONNOR, KEVIN W
Address: 19375 INGRAM STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: VD () Delete
Name: FLOYD, JACKYE
Address: 13447 LAWRENCE ST
City-St-Zip: SPRING HILL, FL 34609

Title: TD () Delete
Name: NEMETZ, MICHAEL
Address: 5206 DEERFIELD AVE.
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: EVANS, LORI
Address: 9759 HORIZON DRIVE
City-St-Zip: SPRING HILL, FL 34608

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:

Title: D (X) Change () Addition
Name: HASKEDAKES, MARILYN
Address: 10296 PALMGREN LN
City-St-Zip: SPRING HILL, FL 34608

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: NEVIN SIEFERT

SD

07/02/2009

Electronic Signature of Signing Officer or Director

Date