

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000006071

1. Entity Name
GULF COAST LIVING HISTORY ASSOCIATION, INC.



Principal Place of Business
**9145 JOHN HAMM RD.
MILTON, FL 32583**

Mailing Address
**9145 JOHN HAMM RD.
MILTON, FL 32583**



04042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0262031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOSWELL, LEANNE R
9143 JOHN HAMM RD.
MILTON, FL 32583**

**DO NOT WRITE
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

LeAnne R Boswell

(NOTE: Registered Agent signature required when reinstating)

4-4-07

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**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	DONOVAN, KAREN F
STREET ADDRESS	740 CORNELL AVE.
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	V
NAME	BOSWELL, PHILLIP E
STREET ADDRESS	9143 JOHN HAMM RD.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	P
NAME	BOSWELL, LEANNE R
STREET ADDRESS	9143 JOHN HAMM RD.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80001-004 61.25

**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

LeAnne R Boswell

4-4-07

850-626-1218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #