

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006099

FILED
Apr 30, 2009
Secretary of State

Entity Name: GULF COAST COLLEGE, INC.

Current Principal Place of Business:

2240 EDGEWOOD DR
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2240 EDGEWOOD DR
PANAMA CITY, FL 32405

New Mailing Address:

1900 KATHRYN SPEED CT
TALLAHASSEE, FL 32303

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, LARRY E
2240 EDGEWOOD DR
PANAMA CITY, FL 32405 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: PD () Delete
Name: WADE, LARRY E
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: VD () Delete
Name: BRAXTON, JAMES G
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: WADE, ANGELA R
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: ABE, JOHNSON
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WADE, LARRY E
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change () Addition
Name: BRAXTON, JAMES G
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change () Addition
Name: WADE, ANGELA R
Address: 2240 EDGEWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change () Addition
Name: JOHNSON, ABE
Address: 4085 BOTHWELL TERR
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Change (X) Addition
Name: JOHNSON, MITTIE
Address: 4085 BOTHWELL TERRACE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Change (X) Addition
Name: BUSH, THOMAS
Address: 4200 RED OAK DR.
City-St-Zip: TALLAHASSEE, FL 32311

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: DR. ABE JOHNSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date