2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N09000007088

Entity Name: GULF COAST ACADEMY OF SCIENCE AND TECHNOLOGY EDUCATION FOUNDATION, 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: 27-0965069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: SD
Name: SIEFERT, NEVIN R II
Address: 14131 PIER ST.
City-St-Zip: SPRING HILL, FL 34609

Title: D
Name: GATTI, JOSEPH
Address: PO BOX 1106
City-St-Zip: BROOKSVILLE, FL 34605

Title: D
Name: O'CONNOR, KEVIN
Address: 19375 INGRAM ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: FLOYD, JACKYE
Address: PO BOX 5417
City-St-Zip: BROOKSVILLE, FL 34601

Title: T
Name: EVANS, LORI
Address: 9759 HORIZON DR.
City-St-Zip: SPRING HILL, FL 34608

Title: D
Name: HASKEDAKES, MARILYN
Address: 10296 PALMGREN ST.
City-St-Zip: SPRING HILL, FL 34608

I hereby 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 all other like empowered.

SIGNATURE: NEVIN RAY SIEFERT II MR. 01/05/2012

Electronic Signature of Signing Officer or Director — Date