

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13597

(2)

1. Corporation Name

GULFCOAST HOUSING FOUNDATION, INC.



Principal Place of Business

5858 CENTRAL AVE.
FIRST FLOOR
ST. PETE FL 33707
US

Mailing Address

5858 CENTRAL AVE.
FIRST FLOOR
ST. PETE FL 33707
US

3. Date incorporated or Qualified
02/26/1986

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2645275

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHADWICK, HARRY R JR.
5858 CENTRAL AVE.
FIRST FLOOR
ST. PETE FL 33707

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BROWN, LARRY
PO BOX 15718 N/A
TAMPA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
GRIZZLE, MARY R
120 GULF BLVD
BELLEAIR SHORE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
LAMPE, DOUGLAS
14330 60TH STREET-N.
CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DST
ALBERS, A L
2772 - 67TH STREET NORTH
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MORROD, ROY
2046 FAIRWAY CIRCLE
CITRUS SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ATKINSSON, JAMES R.
2801 HERON PLACE
CLEARWATER FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Pearson, Mary R.

☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

1110 Pinellas Bayway, Suite 200
Tierra Verde, FL 33715

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

33710

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY R. PEARSON, President

2/2/96 (813) 384-4655

Date

Daytime Phone

CR2E037 (12/95)