2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90055 048 ****61.25

DOCUMENT # N13597

1. Entity Name
GULFCOAST HOUSING FOUNDATION, INC.

20012553

Principal Place of Business	Mailing Address
11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716-2940 US	11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716-2940 US

01122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2645275
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 FOURTH STREET NORTH
STE. 200
ST. PETERSBURG, FL 33716

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIZZLE, MARY R
STREET ADDRESS	120 GULF BLVD
CITY-ST-ZIP	BELLEAIR SHORE, FL
TITLE	VPD
NAME	LAMPE, DOUGLAS
STREET ADDRESS	1110 PINELLAS BAYWAY, SUITE 200
CITY-ST-ZIP	TIERRA VERDE, FL
TITLE	DST
NAME	ALBERS, A L
STREET ADDRESS	2772 - 67TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	ATTKISSON, JAMES R
STREET ADDRESS	9600 KOGER BLVD., SUITE 105
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	D
NAME	BROWN, LARRY
STREET ADDRESS	5802 N. OCCIDENT ST.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary R Grizzle 2/7/05 (727) 595-5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mary R. Grizzle, President