2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N13597

Entity Name: GULFCOAST HOUSING FOUNDATION, INC.

Current Principal Place of Business:

11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 337162940 US

New Principal Place of Business:

Current Mailing Address:

11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 337162940 US

New Mailing Address:

FEI Number: 59-2645275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHADWICK, JAMES M
11300 FOURTH STREET NORTH
STE. 200
ST. PETERSBURG, FL 33716 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: VPD ( ) Delete
Name: LAMPE, DOUGLAS,
Address: 1110 PINELLAS BAYWAY, SUITE 200
City-St-Zip: TIERRA VERDE, FL

Title: DST ( ) Delete
Name: ALBERS, A L,
Address: 2772 - 67TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: PD ( ) Delete
Name: ATTKISSON, JAMES R
Address: 9600 KOGER BLVD., SUITE 105
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D ( ) Delete
Name: BROWN, LARRY
Address: 5802 N. OCCIDENT ST.
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: JOHNSON, DAVID
Address: 2799 FEATHER SOUND DRIVE
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: LAMPE, DOUGLAS,
Address: 730 64TH AVENUE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DST (X) Change ( ) Addition
Name: ALBERS, A L,
Address: 2772 - 67TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES R. ATTKISSON P 01/20/2009
Electronic Signature of Signing Officer or Director — Date