1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N34747**

1. Corporation Name

GULF COAST CHRISTIAN ACADEMY, INC. OF PENSACOLA, FLORIDA

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

3685 MULDOON RD. PENSACOLA FL 32526

21

Mailing Address

3685 MULDOON RD. PENSACOLA FL 32526

2a. Mailing Address

Suite, Apt. #, etc.

26

## FILED May 05, 1999 8:00 am secretary of State

05-05-1999 90101 011 \*\*\*\*70.00



3. Date incorporated or Qualifed

10/18/1989

4. FEI Number

22					27					59-2967	7116		Not.	Applicable	
22	City & State			1-1	City & State				5 Certificate	of Status Desired	tı,	\$8.75 Ad			
23					28	B				J. Certificate		XX	Fee Req	uired	
	Zip	p Country				Zip	Countr	y		6. Election C	ampaign Financing	[]	\$5. <b>00</b> M	•	
24		25			29	30				***************************************	Contribution		Added to	Fees	
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent							
							81	Name		frey Pe	ment			}	
MCCLAMMY, ROBERT J								2 Street Address (P.O. Box Number is Not Acceptable)							
100 VANDERBILT RD								<u> </u>		<u>3 Lanet</u>					
PENSACOLA FL 32506								3							
								City		·			85 Zip Co	ode	
									Pensacola					32526	
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															
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.															
		/\ A1	$u \cup U$	A.			Jе	ffre	y P	ement.	Pres.	4-10	1-99	\	
	GRATORE	Signature, types	printed na	me of registered agent			egistered Age	nt signatur	required v	rhen reinstating)	S/CHANGES TO OF	DATE	DIRECTOR	E INI 12	
12	<u>.                                    </u>			OFFICERS AND	DIR		13.			ADDITION	S/CHANGES TO OF	FILERS AND	Jhange	Addition	
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СП	Y-ST-ZIP	PENSACO	LA FL				1.4 CITY-	ST-ZIP	_Li	llian,	AL 3654	9	E101	Addition	
m	LE	D				□ DELETE	2.1 TITLE						Change	☐ Addition	
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14. 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 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, with all other like empowered.

**SIGNATURE** 

GNATURE TREQUIRES

4-12-99

457-8745

CR2E037 /11/98

Applied For