2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED **DOCUMENT # N34747** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name GULF COAST CHRISTIAN ACADEMY, INC. OF PENSACOLA. 04-26-2000 90147 012 ****70.00 Principal Place of Business Mailing Address 3685 MULDOON RD. 3685 MULDOON RD. PENSACOLA FL 32526 PENSACOLA FL 32526-2553 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2967116 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7...Name and Address of New Registered Agent.----6. Name and Address of Current Registered Agent Robert J. McClammy Street Address (P.O. Box Number is Not Acceptable) PENENT, JEFFREY 100 Vanderbilt Rd 4813 LANERT DR. Pensacola, FL 32506 PENSACOLA FL 32526 Zip Code 32506 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. 4-20-2000 SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. X Addition Delete TITLE TITLE D WALDORF, LEONARD NAME NAME ROBERT J MCCLAMMY **50 DELUNA DR** STREET ADDRESS STREET ADDRESS 100 VANDERBILT RD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL PENSACOLA FL 32506 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SIMMONS, MARGARET S NAME NAME STREET ADDRESS 210 TOPAZ AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition TIT! F TITLE Delete BECK, VICKIE NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 849 CITY-ST-ZIP CITY-ST-ZIP LILLIAN AL 36549 ☐ Addition ☐ Change TITLE 💢 Delete TITLE NAME NAME ement, Jeffrey STREET ADDRESS STREET ADDRESS 4813 Lánett Dr. CITY-ST-ZIP CITY-ST-ZIP 32526 Pensacola, FL □ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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