

# 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 # N41353 (6)**

1. Corporation Name

**THE GULF COAST WORLD OF SCIENCE, INC.**



Principal Place of Business

Mailing Address

**717 N TAMiami TrL  
SARASOTA FL 34236**

**717 N TAMiami TrL  
SARASOTA FL 34236**

3. Date Incorporated or Qualified  
**12/17/1990**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

**21 8251 16TH ST. E.**

**26 8251 15TH ST. E.**

4. FEI Number

**65-0268098**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 SARASOTA, FL**

**28 SARASOTA, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip **24 34243** Country **25**

Zip **29 34243** Country **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRELL, ELVA  
118 HOLLY AVE  
SARASOTA FL 34243**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD  
GILCHRIST, SANDRA DR  
566 EDWARDS DRIVE  
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**VD  
MARILYN HOELLEN  
3418 BROOKLINE DRIVE  
SARASOTA FL 34239**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD  
HALEY, JUNE  
757 CORWOOD DR  
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD  
BACHAR, CRAIG DR  
4640 ARDALE ST  
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD  
SCHIMMEL, BRENDA  
2077 59TH STREET  
SARASOTA, FL 34243**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **VD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 4/28/96 X (941) 359-4377**

Date

Daytime Phone #

CR2E037 (12/95)