

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90071 050 ****61.25

DOCUMENT # N41353

1: Entity Name

GULF COAST WONDER AND IMAGINATION ZONE, INC.



Principal Place of Business

1001 BLVD. OF THE ARTS
SARASOTA FL 34236
US

Mailing Address

1001 BLVD. OF THE ARTS
SARASOTA FL 34236
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0268098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD SHELDON
3650 COUNTY PL. BLVD.
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name Alan Quinby
Street Address (P.O. Box Number is Not Acceptable)
3528 Fair Oaks Lane
City Longboat Key FL Zip Code 34228

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHELDON, RICHARD	
STREET ADDRESS	3650 COUNTRY PL. BLVD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	BARR, MARIE	
STREET ADDRESS	3240 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, MATTHEW	
STREET ADDRESS	2250 WHITFIELD AVE. E.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Quinby	
STREET ADDRESS	3528 Fair Oaks Lane	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane M. Huntley	
STREET ADDRESS	1515 Ringling Blvd	
CITY-ST-ZIP	Sarasota FL 34236	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip M. Dasher	
STREET ADDRESS	P.O. Box 279	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David M. Payne	
STREET ADDRESS	700 S. Orange Ave	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maulum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #