

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N41353

1. Entity Name  
GULFCOAST 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



07012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

QUINBY, ALAN  
3528 FAIR OAKS LANE  
LONGBOAT KEY, FL 34228

**DO NOT WRITE  
IN THIS SPACE**

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

*Alan Quinby*  
Signature, typed or printed name of registered agent and title if applicable

*Alan Quinby*  
(NOTE: Registered Agent signature required when reinstating)

*July 11, 2005*  
DATE

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINBY, ALAN
STREET ADDRESS	3528 FAIR OAKS LANE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	1VPD
NAME	BARR, MARIE
STREET ADDRESS	3240 GULF OF MEXICO DR.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	2VPD
NAME	HUNTLEY, DIANE M
STREET ADDRESS	1515 RINGLING BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	DASHER, PHILIP M
STREET ADDRESS	PO BOX 279
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	S
NAME	PAYNE, DAVID M
STREET ADDRESS	720 S. ORANGE AVE.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000372710  
07/14/05-80003-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:

*Alan Quinby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #