

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 # N47819 (0)

1. Corporation Name

GULF COAST VETERANS HOMELESS FOUNDATION, INC.



Principal Place of Business

Mailing Address

134 W GOVERNMENT ST
PENSACOLA FL 32501
US

PO BOX 1323
PENSACOLA FL 32596-1323
US

3. Date Incorporated or Qualified
03/09/1992

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 119 N.M. STREET

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

PENSACOLA FL

24 Zip Country

29 Zip Country

32501 ESCAMBIA

30

4. FEI Number
59-3132258

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

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

MCCLEARY, BARRY W.
3 W GARDEN ST
SUITE 380
PENSACOLA FL 32501

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COB
NAME BARNES, TAYLOR D.,
STREET ADDRESS 6329 SIGUENZA DRIVE
CITY-ST-ZIP PENSACOLA FL 32507 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME HART, ANNE M.,
STREET ADDRESS 904 N. BARCELONA ST.
CITY-ST-ZIP PENSACOLA FL 32501 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BMD
NAME JORDAN, GEORGE D.,
STREET ADDRESS 4790 OAKLAND DRIVE
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BMD
NAME BURRELL, HENRY D.,
STREET ADDRESS 1641 EAST MAURA STREET
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BMD
NAME ROSS, PATRICK N.,
STREET ADDRESS 109 W. BLOUNT STREET
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (904) 435-8761
Daytime Phone #

CR2E037 (12/95)