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FILED

Jan 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthen  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004120 (1)

1. Corporation Name

GULF STUDIES FOUNDATION, INC.

Principal Place of Business

1640 PLATT STREET  
SARASOTA FL 34236  
US

Mailing Address

1640 PLATT STREET  
SARASOTA FL 34236-7721  
US

2. Principal Place of Business

21 1640 PLATT ST

Suite, Apt. #, etc.

22

City &amp; State

23 SARASOTA

Zip

24 34236

Country

25

2a. Mailing Address

26 1640 PLATT ST  
SARASOTA FL 34236

Suite, Apt. #, etc.

27

City &amp; State

28 SARASOTA FLA

Zip

29 34236

Country

30

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

02/14/1996

4. FEI Number

65-0469722

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

KARP, MELISSA A  
630 S. ORANGE AVE., #200  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 PD ☐ DELETENAME MOONEY, LANNY  
STREET ADDRESS 1640 PLATT STREET  
CITY - ST - ZIP SARASOTA FL 34236TITLE VPD ☐ DELETENAME PAETSCH, RICHARD  
STREET ADDRESS 3214 DUNBAR DR  
CITY - ST - ZIP SARASOTA FLTITLE D ☐ DELETENAME KARP, MELISSA  
STREET ADDRESS 630 ORANGE AVE S  
CITY - ST - ZIP SARASOTA FLTITLE D ☐ DELETENAME SLAVIN, BENJAMIN  
STREET ADDRESS 988 BLVD OF ARTS  
CITY - ST - ZIP SARASOTA FLTITLE D ☐ DELETENAME BARCOME, DR. GRAIG  
STREET ADDRESS 1337 VISTA DR.  
CITY - ST - ZIP SARASOTA FLTITLE ☐ DELETENAME  
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 ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061284

CR2E037 (9/96)