

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003372

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** GULF COAST WORKFORCE DEVELOPMENT BOARD, INC.

**Current Principal Place of Business:**

5320 WEST HIGHWAY 98  
PANAMA CITY, FL 324011058

**New Principal Place of Business:**

**Current Mailing Address:**

5320 WEST HIGHWAY 98  
PANAMA CITY, FL 324011058

**New Mailing Address:**

**FEI Number:** 59-3455773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROSS, D. GARY  
420 TREASURE DR  
PORT ST JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CD  
**Name:** ROSS, D. GARY  
**Address:** 420 TREASURE DR  
**City-St-Zip:** PORT ST JOE, FL 32456

**Title:** VCD  
**Name:** WARD, TOMMY  
**Address:** 430 HARRISON AVE  
**City-St-Zip:** PANAMA CITY, FL 32401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** D. GARY ROSS

CD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date