

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

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1. Corporation Name

GULF COAST KID'S HOUSE, INC.

Principal Place of Business
4400 BAYOU BLVD.,STE.21
PENSACOLA FL 32503

Mailing Address
4400 BAYOU BLVD.,STE.21
PENSACOLA FL 32503



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/18/1998

4. FEI Number

59-3520130

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

9. Name and Address of Current Registered Agent

SCHUSTER, PAMELA
4400 BAYOU BLVD.,STE.21
PENSACOLA FL 32503

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 D ☐ DELETE

NAME SCHUSTER, PAMELA
STREET ADDRESS 4400 BAYOU BLVD.,STE.21
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☐ DELETE

NAME GOODMAN, ROSS
STREET ADDRESS 316 S. BAYLEN STR.
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ DELETE

NAME GOODMAN, MARCIA
STREET ADDRESS 1800 ST. MARY'S ST.,BOX 5
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ DELETE

NAME GALLAGHER, CATHERINE
STREET ADDRESS 512 S. PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ DELETE

NAME STRAUGHN, SUE
STREET ADDRESS 4990 MOBILE HWY
CITY-ST-ZIP PENSACOLA FL 32506

TITLE D ☐ DELETE

NAME HINTON, SHARI
STREET ADDRESS 1000 W. MORENO STREET
CITY-ST-ZIP PENSACOLA FL 32501

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 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, with all other like empowered.

SIGNATURE:

PAMELA SCHUSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

Date

850-474-0244

Daytime Phone #

CR2E037 (11/98)