

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707345

Entity Name: GULF COAST COMMUNITY FOUNDATION, INC.**Current Principal Place of Business:**601 TAMIAMI TRAIL SOUTH
VENICE, FL 34285**Current Mailing Address:**601 TAMIAMI TRAIL SOUTH
VENICE, FL 34285 US**FEI Number:** 59-1052433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHUMAKER, LOOP AND KENDRICK, LLP
240 SOUTH PINEAPPLE AVENUE
10TH FLOOR
SARASOTA, FL 34236 US*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**Officer/Director Detail :**

Title	CORPORATE SECRETARY
Name	PRINCE, KRISTIN
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

Title	PRESIDENT & CEO
Name	PHILLIP, LANHAM
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	PALLEGAR, ANAND
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	ESSNER, ANNE
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	SOFIA, SUSAN
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

Title	VP, OFFICER
Name	THAXTON, JON
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	GREEN, DAVID
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	HERSHBERGER, ROD
Address	601 TAMIAMI TRAIL SOUTH
City-State-Zip:	VENICE FL 34285

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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: KRISTIN PRINCE**CORPORATE
SECRETARY****01/02/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SESSIONS, DAVID
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name FAULHABER, PING
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name GIGLIO, JOHN
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name JOHNSON, KEITH
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title TREASURER, CFO
Name MARTIN BROWN, CAROL
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title OFFICER, VP
Name CARLSTEIN, KELLY
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name SODERBERG, PETER
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name FRANO, ROSE-ANNE
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name MARTUCCI, FRANK
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name PETERSEN, PETE
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285

Title OFFICER, VP
Name CARTER, JOSEPH
Address 601 TAMIAMI TRAIL SOUTH
City-State-Zip: VENICE FL 34285