

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 753095

Entity Name: GUMBO LIMBO COASTAL STEWARDS, INC.

Current Principal Place of Business:

5112 N. OCEAN BLVD
OCEAN RIDGE, FL 33435

Current Mailing Address:

5112 N. OCEAN BLVD
OCEAN RIDGE, FL 33435 US

FEI Number: 59-2015726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLOWAY, JOHN F
5112 N. OCEAN BLVD
OCEAN RIDGE, FL 33435 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: JOHN HOLLOWAY

06/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name PENDAKUR, MANJUNATH PHD
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title SECRETARY
Name THOMPSON, MATTHEW
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title TREASURER
Name REINKEN, SHEILA
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title VC
Name BARRERA, JOSE
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title PRESIDENT
Name HOLLOWAY, JOHN
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title CFO
Name MULCAHY, PATRICIA
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title DIRECTOR
Name GUPTA, SHIVANI PHD
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title DIRECTOR
Name REILEY, SUSAN PHD
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

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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: JOHN F HOLLOWAY

PRESIDENT

06/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name PHILLIPS, DARREN
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435

Title TRUSTEE
Name SARAJEDINI, ATA PHD
Address 5112 N. OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435