

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39223

Entity Name: GULF COAST RUNNERS CLUB, INC.**Current Principal Place of Business:**20 10TH STREET S
NAPLES, FL 34102**Current Mailing Address:**P.O. BOX 8636
NAPLES, FL 34101 US**FEI Number:** 65-0203436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOLAN, SEAN M
2375 TAMiami TRAIL N
110
NAPLES, FL 34103 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	P
Name	NORGART, MITCHELL
Address	P.O. BOX 8636
City-State-Zip:	NAPLES FL 34101

Title	DIRECTOR
Name	KEPP, THOMAS
Address	P.O. BOX 8636
City-State-Zip:	NAPLES FL 34101

Title	T
Name	NOLAN, SEAN
Address	1136 LAKESHORE PLACE
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	KISTLER, HOLLY
Address	P.O. BOX 8636
City-State-Zip:	NAPLES FL 34101

Title	DIRECTOR
Name	BLANKENSHIP, TED
Address	P.O. BOX 8636
City-State-Zip:	NAPLES FL 34101

Title	DIRECTOR
Name	MOOMAW, JUSTIN
Address	P.O. BOX 8636
City-State-Zip:	NAPLES FL 34101

Title	DIRECTOR
Name	LEVESQUE, DAVID
Address	P.O. BOX 8636
City-State-Zip:	NAPLES FL 34101

Title	VP
Name	HESTER, JAKE
Address	P.O. BOX 8636
City-State-Zip:	NAPLES FL 34101

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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: SEAN NOLAN**TREASURER****03/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GUST, STEVEN
Address P.O. BOX 8636
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name BARNHART, MONIQUE
Address P.O. BOX 8636
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name LOUX, TAMMY
Address P.O. BOX 8636
City-State-Zip: NAPLES FL 34101

Title DIRECTOR
Name HOLLAND, ANDREW
Address P.O. BOX 8636
City-State-Zip: NAPLES FL 34101

Title VOLUNTEER COORDINATOR
Name HOLOWELL, DAWNA
Address P.O. BOX 8636
City-State-Zip: NAPLES FL 34101