

**2025 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 MARLER, BRIAN  
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 VP  
Name HESTER, JAKE  
Address P.O. BOX 8636  
City-State-Zip: NAPLES FL 34101

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

**Continues on page 2**

*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****02/07/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name MCDERMOTT, KEVIN  
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