

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2004
Secretary of State**

DOCUMENT# N51314

Entity Name: SOUTH GULF COUNTY TAXPAYERS ASSOCIATION, INC.

Current Principal Place of Business:

6062 ANCHOR LANE
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 544
PT. ST JOE, FL 32547 US

New Mailing Address:

FEI Number: 59-3170257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGEE, WILLIAM
6062 ANCHOR LANE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCGEE, WILLIAM
Address: 6062 ANCHOR LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VP () Delete
Name: WESTON, CHARLES
Address: 6112 CAPE SAN BLAS RD.
City-St-Zip: PORT SAINT JOE, FL 32456

Title: TD () Delete
Name: RUSS, PRESTON
Address: 6143 NASSAU LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S () Delete
Name: HEARD, ANDREA
Address: 652 SEACLIFFS DR.
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: ROSS, GARY
Address: 420 TREASURE DR.
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: PETRIE, TRISH
Address: 140 PAINTED PONY RD.
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: REX, ANDERSON
Address: 310 NAUTILUS DR
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REX ANDERSON

TD

01/20/2004

Electronic Signature of Signing Officer or Director

Date