


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 048 ****61.25

DOCUMENT # N51314
 1. Entity Name
SOUTH GULF COUNTY TAXPAYERS ASSOCIATION, INC.



Principal Place of Business
 6062 ANCHOR LANE
 PORT SAINT JOE, FL 32456 US

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

50036903



2. Principal Place of Business
6112 Cape San Blas Rd

3. Mailing Address
 Suite, Apt. #, etc.

03162005 Chg-NP CR2E037 (10/03)

City & State
Port St. Joe

City & State

4. FEI Number
 59-3170257

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip *FL* Country *U.S.* Zip Country *U.S.*

6. Name and Address of Current Registered Agent
 MCGEE, WILLIAM
 6062 ANCHOR LANE
 PORT ST. JOE, FL 32456

7. Name and Address of New Registered Agent
 Name *CHARLES W. WESTON*
 Street Address (P.O. Box Number is Not Acceptable)
6112 CAPE SAN BLAS RD
 City *PORT ST JOE* FL Zip Code *32456*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles Weston* DATE *14 APR 05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGEE, WILLIAM 6062 ANCHOR LANE PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Weston 6112 Cape San Blas Rd. Port St. Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESTON, CHARLES 6112 CAPE SAN BLAS RD. PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bob Willis 473 Gulf Pines Dr. Port St. Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REX, ANDERSON 310 NAUTILUS DR PORT-SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEARD, ANDREA 652 SEACLIFFS DR. PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sandi Christy 122 Mariner Lane Port St. Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, GARY 420 TREASURE DR. PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hardman, Patricia 123 Mariner Ln. Port St. Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRIE, TRISH 140 PAINTED PONY RD. PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eason, Clint 1510 Indian Pass Rd. Port St. Joe, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Charles Weston* DATE *14 APR 05* 227-1329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #