

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90001 002 ****61.25

DOCUMENT # N97000001910

1. Entity Name
THE CAMP GORDON JOHNSTON ASSOCIATION, INC.



Principal Place of Business
**POST OFFICE BOX 1334
CARRABELLE, FL 32322**

Mailing Address
**POST OFFICE BOX 1334
CARRABELLE, FL 32322**

60000049



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3391636

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MINICHELLO, ANTHONY J
1039 CANARVON DRIVE
TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUTLER, DAVID
PO DRAWER GG
CARRABELLE, FL 32322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MESSER, WILBURN
P.O. DRAWER G
CARRABELLE, FL 32322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MINICHELLO, ANTHONY
PO BOX 10525
TALLAHASSEE, FL 323022525** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MINICHELLO, LINDA
1039 CANARDON DRIVE
TALLAHASSEE, FL 32317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BRITZ, MARY
142 CAROLINA ST
CARRABELLE, FL 32322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STAFF, MARY
2248 HWY 98 E.
CARRABELLE, FL 32322** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

David K. Butler

1-4-2006

850-697-8575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #