Entity Name	# N06000001896 E: GULF COUNTY COMMUNITY LAND TRUST Incipal Place of Business: FL 32456	, INC.	Secretar	9, 2021 y of State /8633CC
Current Mai	ling Address:			
261 AVE D PORT ST JO	DE, FL 32456 US			
FEI Number: 43-2105694 Certificate of Status			Certificate of Status Des	sired: Yes
Name and A	ddress of Current Registered Agent:			
DAVIS, CHEST 261 AVE. D PORT ST. JOE,				
The above name	d antity submits this statement for the nurness of changing its ragis	torod offico or rogis	torad agant or both in the State of E	lorida
	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of F	
	 d entity submits this statement for the purpose of changing its regis CHESTER F. DAVIS Electronic Signature of Registered Agent 	tered office or regis	tered agent, or both, in the State of F	ilorida. 02/19/2021 Date
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of F	02/19/2021
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of F	02/19/2021
SIGNATURE Officer/Dire	CHESTER F. DAVIS Electronic Signature of Registered Agent ctor Detail :			02/19/2021
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	SECRETARY	02/19/2021
SIGNATURE Officer/Dire Title Name Address	E: CHESTER F. DAVIS Electronic Signature of Registered Agent Ctor Detail : PRESIDENT DAVIS, CHESTER FLONZEL	Title Name Address	SECRETARY MATHEWS, LETHA	02/19/2021
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT DAVIS, CHESTER FLONZEL 282 AVE D	Title Name Address	SECRETARY MATHEWS, LETHA 312 AVE F	02/19/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E CHESTER F. DAVIS Electronic Signature of Registered Agent Ctor Detail : PRESIDENT DAVIS, CHESTER FLONZEL 282 AVE D PORT ST. JOE FL 32456	Title Name Address	SECRETARY MATHEWS, LETHA 312 AVE F	02/19/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT DAVIS, CHESTER FLONZEL 282 AVE D PORT ST. JOE FL 32456 TREASURER	Title Name Address	SECRETARY MATHEWS, LETHA 312 AVE F	02/19/2021

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: CHESTER F. DAVIS

PRESIDENT

02/19/2021

FILED Feb 19, 2021

Electronic Signature of Signing Officer/Director Detail