

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008271

**Entity Name:** FLORIDA COASTAL CONSERVANCY, INC.

**FILED**  
**Jul 01, 2017**  
**Secretary of State**  
**CC7681072044**

**Current Principal Place of Business:**

260 MARINA DRIVE SUITE A  
P.O.BOX611  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

P.O.BOX611  
PORT SAINT JOE, FL 32457 US

**FEI Number: 45-3595834**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SWINDALL, JESSICA  
260 MARINA DRIVE SUITE A  
P.O.BOX611  
PORT SAINT JOE, FL 32456 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: JESSICA SWINDALL**

**07/01/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name LAMONT, MARGARET  
Address 2944 NE 7TH ST  
City-State-Zip: OCALA FL 34470

Title DIRECTOR  
Name SWINDALL , JESSICA  
Address P.O. BOX 705  
City-State-Zip: PORT ST JOE FL 32456

Title VC  
Name EHRMAN, JOHN  
Address 385 BLUE HERRON DR  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR, TREASURER  
Name LAYMAN, WILLIAM R  
Address 6451 CR 30A  
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR  
Name SEAY, DAVID  
Address 3841 CAPE SAN BLAS ROAD  
City-State-Zip: PORT SAINT JOE FL 32456

*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: WILLIAM R LAYMAN**

**TREASURER**

**07/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date