

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20424

Entity Name: ST. GEORGE ISLAND CHARITY COOK-OFF AUCTION, INC.**Current Principal Place of Business:**60 EAST GULF BEACH DRIVE
ST GEORGE ISLAND, FL 32328**Current Mailing Address:**P.O. BOX 920
EASTPOINT, FL 32328 US**FEI Number:** 59-2915451**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAMBURG, JAYNE
60 EAST GULF BEACH DRIVE
ST GEORGE ISLAND
EASTPOINT, FL 32328 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BAMBURG, JAYNE Q
Address 126 GULF COAST CIRCLE
City-State-Zip: PORT ST. JOE FL 32456

Title VPD
Name SHEPARD, GRAYSON
Address PO BOX 704
City-State-Zip: EASTPOINT FL 32328

Title TD
Name LIPSCOMB, LATICIA F
Address 153 LAS BRISAS DRIVE
City-State-Zip: EASTPOINT FL 32328

Title D
Name ABBOTT, JAY
Address 419 NORTH SAWYER STREET
City-State-Zip: ST GEORGE ISLAND FL 32328

Title SD
Name LANDISS, KARA
Address 624 WEST BAYSHORE DRIVE
City-State-Zip: ST. GEORGE ISLAND FL 32328

Title D
Name JACKEL, PINKI
Address 301 WEST GORRIE DRIVE
City-State-Zip: ST. GEORGE ISLAND FL 32328

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: LATICIA LIPSCOMB**OFFICE MANAGER****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date