

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001910

Entity Name: THE CAMP GORDON JOHNSTON ASSOCIATION, INC.**Current Principal Place of Business:**1873 HIGHWAY 98 WEST
CARRABELLE, FL 32322**Current Mailing Address:**POST OFFICE BOX 1334
CARRABELLE, FL 32322 US**FEI Number:** 59-3391636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUTLER, DAVID K
115 CARL KING AVE
P O BOX 361
CARRABELLE, FL 32322 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:** DAVID K BUTLER

04/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BUTLER, DAVID K
Address PO BOX 361
 2856 HWY 98 EAST
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name DIETZ, ROBERT
Address 171 CARL KING DRIVE
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name JOHNSON, TONY
Address P O BOX 1334
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name USHER, RANDY
Address 1117 BRAGDON STREET
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name NEWTON, JAMES
Address P O BOX 792
City-State-Zip: CARRABELLE FL 32322

Title SECRETARY, DIRECTOR
Name LISA, KIETH-LUCAS
Address 815 SUNSET DRIVE
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name BOOTH, JOHN
Address 302 BIRCH LANE
City-State-Zip: TALLAHASSEE FL 32801

Title DIRECTOR, TREASURER
Name NEWTON, JEANNIE
Address P O BOX 792
City-State-Zip: CARRABELLE FL 32322

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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: DAVID K. BUTLER

PRESIDENT

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRIMES, BOB
Address 6260 CRAWFORDVILLE ROAD
City-State-Zip: TALLAHASSEE FL 32305

Title DIRECTOR
Name MELCHER, MARK
Address 904 NE 5TH ST
City-State-Zip: CARRABELLE FL 32322