

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001910

**Entity Name:** THE CAMP GORDON JOHNSTON ASSOCIATION, INC.**Current Principal Place of Business:**1001 GRAY AVENUE  
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:**MINICHIELLO, ANTHONY J  
1039 CANARVON DRIVE  
TALLAHASSEE, FL 32317 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	D
Name	MATHEWS, MATT
Address	277 PINWOOD DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	D
Name	WINCHESTER, SIDNEY
Address	P.O. BOX 143
City-State-Zip:	CARRABELLE FL 32322

Title	DP
Name	MINICHIELLO, ANTHONY
Address	PO BOX 10525
City-State-Zip:	TALLAHASSEE FL 32302-2525

Title	D
Name	FRAILEY, H. VAL
Address	1417 WOODGATE WAY
City-State-Zip:	TALLAHASSEE FL 32308

Title	TD
Name	CARNLEY, ROBERT
Address	1210 S. ADAMS STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	VPD
Name	SKIPPER, RHONDA
Address	P.O. BOX 468
City-State-Zip:	CARRABELLE FL 32322

*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: ANTHONY J. MINICHIELLO****PRESIDENT****01/18/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date