

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 716180

1. Entity Name
ST. JOSEPH'S BAY COUNTRY CLUB, INC.



Principal Place of Business
2 1/2 MILES SOUTH OF STATE RD 30-A
P.O. BOX 993
PORT ST. JOE, FL 32456

Mailing Address
2 1/2 MILES SOUTH OF STATE RD 30-A
P.O. BOX 993
PORT ST. JOE, FL 32456



01202004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7030195

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, THOMAS, S
303 FOURTH ST
PORT ST JOE, FL 32456

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME PROPHATER, HELEN
STREET ADDRESS 1249 EAST GULF BEACH DRIVE
CITY-ST-ZIP EASTPOINT, FL 32328

TITLE D
NAME SHERWOOD, PAT
STREET ADDRESS 209 GULFAIRE DR
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE D
NAME HARRISON, JAMES E
STREET ADDRESS 306 19TH ST
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE P
NAME PEARCE, JAMES B
STREET ADDRESS 120 DRIFTWOOD AVE
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE D
NAME RENFRO, WILLIE
STREET ADDRESS 411 PLANTATION DRIVE
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE P
NAME MCDOUGALD, H.F.
STREET ADDRESS 224 CORONADO ST
CITY-ST-ZIP PORT SAINT JOE, FL 32456

1100000048632
02/12/04-80088-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H.F. McDougald

H.F. MCDOUGALD

1/21/04

850-2277