

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716180

FILED  
Apr 26, 2006  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 23-7030195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: WHALEY, KENNETH  
Address: 433 GULF PINES DR  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: SHERWOOD, PAT  
Address: 209 GULFAIRE DR  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: HARRISON, JAMES E  
Address: 306 19TH ST  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: SMITH, ANDY  
Address: 122 CABELL DR  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: COSTIN, MARK  
Address: 109 MIMOSA AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: P ( ) Delete  
Name: MCDOUGALD, H.F.  
Address: 224 CORONADO ST  
City-St-Zip: PORT SAINT JOE, FL 32456

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WHALEY, KENNETH  
Address: 433 GULF PINES DR  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S (X) Change ( ) Addition  
Name: SMITH, ANDY  
Address: 122 CABELL DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D (X) Change ( ) Addition  
Name: HAMMOND, MICHAEL E  
Address: P.O. BOX 1286  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: D (X) Change ( ) Addition  
Name: GALLOWAY, DEWITT  
Address: 290 PRADO STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: D (X) Change ( ) Addition  
Name: ADIKSON, KYLE  
Address: 306 7TH. STREET  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D (X) Change ( ) Addition  
Name: COSTIN, MARK  
Address: 109 MIMOSA AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH WHALEY

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date