


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90022 048 \*\*\*\*70.00

<b>DOCUMENT # 716180</b> 1. Entity Name <b>ST. JOSEPH'S BAY COUNTRY CLUB, INC.</b>					
Principal Place of Business <del>2 1/2 MILES SOUTH OF STATE RD 30-A</del> <b>PORT ST. JOE, FL 32456</b>			Mailing Address <del>2 1/2 MILES SOUTH OF STATE RD 30-A</del> <del>P.O. BOX 993</del> <b>PORT ST. JOE, FL 32456</b>		
2. Principal Place of Business - No P.O. Box # <b>700 Country Club Road</b>		3. Mailing Address <b>700 Country Club Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Port Saint Joe, FL</b>		City & State <b>Port Saint Joe, FL</b>		4. FEI Number <b>23-7030195</b>	
Zip <b>32456</b>		Country <b>Gulf</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01062008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>GIBSON, THOMAS, S</b> <del>303 FOURTH ST</del> <b>PORT ST JOE, FL 32456</b>				7. Name and Address of New Registered Agent Name <b>Gibson, Thomas S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>116 Sailors Cove Drive</b> City <b>Port Saint Joe</b> <b>FL</b> Zip Code <b>32456</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, LARRY 109 TAMPICA DRIVE PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wilson, Larry 109 Tampico Drive Port Saint Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICH, WAYNE 159 OSCEOLA STREET PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bauer, Mary Beth 137 Hunter Circle Port Saint Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAUER, MARY B 137 HUNTER CIRCLE PORT SAINT JOE, FL 32457	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Andy 122 Cabell Drive Port Saint Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITY, ANDY 122 CABELL DRIVE PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Addison, Kyle 3013 Garrison Avenue Port Saint Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINSON, KYLE 307 16TH. STREET PORT SAINT JOE, FL 32456	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, MICHAEL 134 CHARLES AVENUE PORT SAINT JOE, FL 32456	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-2-08</b> Daytime Phone #		