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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738086 (8)  
1. Corporation Name  
GULF COUNTY SENIOR CITIZENS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
198 PETERS ST. 198 PETERS ST.  
PORT ST JOE FL 32456 PORT ST JOE FL 32456-1435

3. Date Incorporated or Qualified 02/11/1977 3a. Date of Last Report 02/15/1996  
4. FEI Number 59-1777183 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 120 Library Drive 26 120 Library Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Port St. Joe, Fl. 28 Port St. Joe, Fl.  
Zip Country Zip Country  
24 32456 25 Gulf 29 32456 30 Gulf

9. Name and Address of Current Registered Agent

LYLES, BILL  
ROUTE 38, BOX 6  
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LYLES, BILL			1.2 NAME			
STREET ADDRESS	RT 38, BOX 6			1.3 STREET ADDRESS			
CITY - ST - ZIP	PORT ST JOE FL 32456			1.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUMAS, JAMES			2.2 NAME			
STREET ADDRESS	254 AVENUE B			2.3 STREET ADDRESS			
CITY - ST - ZIP	PORT ST JOE FL			2.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MANNON, BARBARA			3.2 NAME			
STREET ADDRESS	HWY 88, HC 2 BOX 6			3.3 STREET ADDRESS			
CITY - ST - ZIP	PORT ST. JOE FL			3.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURCH, VERNA			4.2 NAME			
STREET ADDRESS	ST JOSEPH SHORE			4.3 STREET ADDRESS			
CITY - ST - ZIP	PORT ST JOE FL 32456			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Stokoe Executive Director* 1-9-97 904-229-8466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 904-229-8466

CR2E037 (9/96)