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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

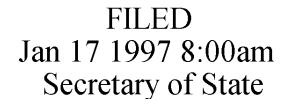
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738086

(8)

GULF COUNTY SENIOR CITIZENS ASSOCIATION, INC.





	e of Business	Mailing Address						
198 PETERS ST. PORT ST JOE FL 32456		198 PETERS ST. PORT ST JOE FL 32456-1435						
					3. Date Incorporated or Qualified 02/11/1977	3a. Date 02/	of Last R 15/199	
'	Place of Business	2a. Mailing Address	D		4. FEI Number 59-1777183	<u> </u>		oplied For
	<u>Library Drive</u>	26 120 Librar	y prive	<u>}</u>	58-1777 165			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	le	City & State			6. Election Campaign Financing			May Be
23 Port	St. Joe , Fl.	28 Port St. J	oe, Fl.		Trust Fund Contribution			to Fees
Zip 32456	Country 25 Gulf	Zip 32456	Countr 30 GU	űlf		Yes 🔼	No	. 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	gistered Ag	ent	
			B1	1 Name				
LYLES, BILL ROUTE 3B, BOX 6			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
	. JOE FL 32456		83	3				
			84	4 City			85 Zip	Code
					rporation submits this statement for the pr	FL	Щ.,	
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, FI	Torida Statute	es.	ation's board of directors. I hereby accep		iment as	registereo
12.	Signature, typed or printed name of registered age	ent and title if applicable (NO)	13.	jent signature requ	uked when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FOR AND D	IRECTO!	20 IAI 20
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NAME	DUMAS, JAMES		2.2 NAME	<u>:</u>				
STREET ADDRESS	254 AVENUE B							
CITY-S1-ZIP	PORT ST JOE FL		2.3 STREŁ	ET ADDRESS				
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I have been been been been a supplied with this iming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further ceeling 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 is it changed, or an an attachment with an address.