


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90034 006 \*\*\*\*70.00

<b>DOCUMENT # 738086</b> 1. Entity Name <b>GULF COUNTY SENIOR CITIZENS ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>120 LIBRARY DR. PORT ST JOE, FL 32456 US</b>	Mailing Address <b>120 LIBRARY DR. PORT ST JOE, FL 32456 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1777183</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**LYLES, BILL  
ROUTE 3B, BOX 6  
PORT ST. JOE, FL 32456**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYLES, BILL RT 3B, BOX 6 PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUMAS, JAMES 254 AVENUE B PORT ST JOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANNON, BARBARA HWY 98, HC 2 BOX 6 PORT ST. JOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURCH, VERNA ST JOSEPH SHORE PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** Bill Lyles 2-5-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #