

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 738086

1. Entity Name
GULF COUNTY SENIOR CITIZENS ASSOCIATION, INC.



Principal Place of Business

**120 LIBRARY DR.
PORT ST JOE, FL 32456 US**

Mailing Address

**120 LIBRARY DR.
PORT ST JOE, FL 32456 US**

DO NOT WRITE IN THIS SPACE



05252006 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1777183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Bill Lyles

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-06

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

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06/12/06-80003-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Bill Lyles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-06