

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738086

FILED
Apr 28, 2010
Secretary of State

Entity Name: GULF COUNTY SENIOR CITIZENS ASSOCIATION, INC.

Current Principal Place of Business:

120 LIBRARY DR.
PORT ST JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

120 LIBRARY DR.
PORT ST JOE, FL 32456 US

New Mailing Address:

FEI Number: 59-1777183 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LYLES, BILL
Address: RT 3B, BOX 6
City-St-Zip: PORT ST JOE, FL 32456

Title: SD
Name: DUMAS, JAMES
Address: 254 AVENUE B
City-St-Zip: PORT ST JOE, FL

Title: TD
Name: MANNON, BARBARA
Address: HWY 98, HC 2 BOX 6
City-St-Zip: PORT ST. JOE, FL

Title: VD
Name: BURCH, VERNA
Address: ST JOSEPH SHORE
City-St-Zip: PORT ST JOE, FL 32456

Title: ED
Name: BROOME, LARRY
Address: 1801 GARRISON AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: D
Name: JEANETTE, AMERSON
Address: 521 9TH ST
City-St-Zip: PORT ST. JOE, FL 32456 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY BROOME

ED

04/28/2010

Electronic Signature of Signing Officer or Director

Date