


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90020 046 ****61.25

DOCUMENT # 744368

1. Entity Name
GULF COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.



Principal Place of Business
**309 WILLIAMS AVE
 PORT SAINT JOE, FL 32456**


Mailing Address
**309 WILLIAMS AVE
 PORT SAINT JOE, FL 32456**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

401000-



05072007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**HARRISON, DIANNA
 309 WILLIAMS AVE
 PORT ST. JOE, FL 32456**

4. FEI Number
59-1637273

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *D Harrison* DATE 5/7/06

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

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, SALLY	
STREET ADDRESS	251 AVE. E.	
CITY-ST-ZIP	PORT ST. JOE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAMSEY, MELISSA	
STREET ADDRESS	395 PLANTATION DRIVE	
CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PENDARVIS, PAULINE	
STREET ADDRESS	302 6TH ST	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAFFIELD, EUGENE	
STREET ADDRESS	2103 CYPRESS AVE	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kent Douglas	
STREET ADDRESS	2475 Garrison Avenue	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buie, Eara	
STREET ADDRESS	301 Avenue A	
CITY-ST-ZIP	Port St. Joe, FL 32456	

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: *M J Ramsey* DATE 5/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40109950

Gulf County Association for Retarded Citizens, Inc.

Document #744368

Officers and Directors (Continued)

D

Holten, William
8305 Tradewinds Drive
Port St. Joe, Florida 32456

D

LaPlante, Mike
201 Monument Avenue
Port St. Joe, Florida 32456

D

White, Johanna
504 Monument Avenue
Port St. Joe, Florida 32456