


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2008 8:00 am**  
**Secretary of State**

07-23-2008 90017 025 \*\*\*\*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 #  
**122 Water Plant Road**

3. Mailing Address  
**P.O. Box 8**

Suite, Apt. #, etc.

City & State  
**Port Saint Joe, FL**

City & State  
**Port Saint Joe, FL**

Zip  
**32456**

Country  
**USA**

Zip  
**32457**

Country  
**USA**

40111504



07102008 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**HARRISON, DIANNA  
 309 WILLIAMS AVE  
 PORT ST. JOE, FL 32456**

**7. Name and Address of New Registered Agent**

Name  
**Dianna Harrison**

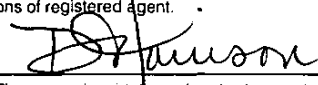
Street Address (P.O. Box Number is Not Acceptable)  
**122 Water Plant Road**

City  
**Port Saint Joe**

FL

Zip Code  
**32456**

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  DATE **July 11, 2008**

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 12, 2008**

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

**Make check payable to Florida Department of State**

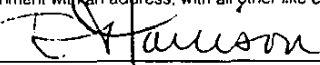
**10. OFFICERS AND DIRECTORS**

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	D	<input type="checkbox"/> Delete
NAME	PENDARVIS, PAULINE	
STREET ADDRESS	302 6TH ST	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAFFIELD, EUGENE	
STREET ADDRESS	2103 CYPRESS AVE	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOUGLAS, KENT	
STREET ADDRESS	2475 GURRISON AVE.	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUIE, GARA	
STREET ADDRESS	301 AVE. A	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456	

**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		<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	Buie, Gara	
STREET ADDRESS	301 Ave. A	
CITY-ST-ZIP	Port Saint 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:  DATE **July 11, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #