

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744368

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

122 WATER PLANT ROAD
PORT SAINT JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX 8
PORT SAINT JOE, FL 32457

New Mailing Address:

FEI Number: 59-1637273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, DIANNA
122 WATER PLANT ROAD
PORT SAINT 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: D () Delete
Name: JENKINS, SALLY,
Address: 251 AVE. E.
City-St-Zip: PORT ST. JOE, FL

Title: P () Delete
Name: RAMSEY, MELISSA
Address: 395 PLANTATION DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: PENDARVIS, PAULINE
Address: 302 6TH ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V () Delete
Name: RAFFIELD, EUGENE
Address: 2103 CYPRESS AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S () Delete
Name: DOUGLAS, KENT
Address: 2475 GURRISON AVE.
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: BUIE, EARA
Address: 301 AVE. A
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RAMSEY, MELISSA
Address: 395 PLANTATION DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: P (X) Change () Addition
Name: PENDARVIS, PAULINE
Address: 302 6TH ST
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V (X) Change () Addition
Name: LAPLANTE, WILLIAM M
Address: 123 FIFTH STREET
City-St-Zip: MEXICO BEACH, FL 32410

Title: S (X) Change () Addition
Name: WHITE, JOHANNA
Address: 107 SAUNDERS CIRCLE.
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHANNA WHITE

S

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date