

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90228 005 ****61.25

DOCUMENT # N00000007669

1. Entity Name
GULF COUNTY ECONOMIC DEVELOPMENT COUNCIL,
INC.



Principal Place of Business

1000 CECIL COSTIN
313
PORT ST JOE, FL 32456

Mailing Address

401 CECIL G COSTIN SR. BLVD
PO BOX 429
PORT ST JOE, FL 32456



04252004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3685134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSBAND, CAROLYN M
1010 OLD PARRY FARM RD.
PO BOX 622
WEWAHITCHKA, FL 32465

(Carolyn)

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, MICHAEL
STREET ADDRESS	PO BOX 8379
CITY-ST-ZIP	PANAMA CITY, FL 32409
TITLE	D
NAME	WILLIAMS, BILL
STREET ADDRESS	8646 W HWY 98
CITY-ST-ZIP	PORT ST JOE, FL 32457
TITLE	D
NAME	COMFORTE, ROCKY
STREET ADDRESS	8646 W. HWY 98
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	T
NAME	HUSBAND, CAROLYN M
STREET ADDRESS	PO BOX 622
CITY-ST-ZIP	WEWAHITCHKA, FL 32465

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04