2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007669

FILED Aug 30, 2005 Secretary of State

Entity Name: GULF COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Current F	Principal Place of Business:	New Principal Place of	Business:
1000 CEC	CIL COSTIN		
313			
-UK 1 51	JOE, FL 32456		
Current N	Mailing Address:	New Mailing Address:	
PO BOX 4	L G COSTIN SR. BLVD 429 JOE, FL 32456		
n accordaı	r: 59-3685134 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did r	<u>-</u>	Certificate of Status Desired ()
Name an	d Address of Current Registered Agent:	Name and Address of N	New Registered Agent:
PO BOX 6	TCHKA, FL 32465 US		esseria de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania del compania de la compania del com
The above n the Stat	e named entity submits this statement for the te of Florida.	purpose of changing its registered of	office of registered agent, or both
The above n the Stat SIGNATU	te of Florida. Í	purpose of changing its registered of	office of registered agent, or both
n the Stat	te of Florida. Í		Date
n the Stat	te of Florida. [*] JRE:	gent	
n the Stat	te of Florida. JRE: Electronic Signature of Registered Ag RS AND DIRECTORS: D () Delete WHITE, MICHAEL PO BOX 8379	gent ADDITIONS/CHANGES	Date
n the State SIGNATU OFFICER Fitle: Name: Address:	te of Florida. JRE: Electronic Signature of Registered Ag RS AND DIRECTORS: D () Delete WHITE, MICHAEL PO BOX 8379	gent ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	Date TO OFFICERS AND DIRECTO
n the State SIGNATU OFFICER Fitle: Name: Address: City-St-Zip: Name: Name: Address:	te of Florida. JRE: Electronic Signature of Registered Age S AND DIRECTORS: D () Delete WHITE, MICHAEL PO BOX 8379 PANAMA CITY, FL 32409 D () Delete WILLIAMS, BILL 8646 W HWY 98	gent ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip:	Date TO OFFICERS AND DIRECTO) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN M. HUSBAND TREA 08/30/2005