


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90004 031 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3685134	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUSBAND, CAROLYN M 1010 OLD DAIRY FARM RD. PO BOX 622 WEWAHITCHKA, FL 32465			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, MICHAEL		NAME	Alan McNair	
STREET ADDRESS	PO BOX 8379		STREET ADDRESS	P.O. Box 246	
CITY-ST-ZIP	PANAMA CITY, FL 32409		CITY-ST-ZIP	Wevahitchka, FL 32465	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, BILL		NAME	Dewey Blaylock	
STREET ADDRESS	8646 W HWY 98		STREET ADDRESS	7750 Robinwood Drive	
CITY-ST-ZIP	PORT ST JOE, FL 32457		CITY-ST-ZIP	Cape San Blas, FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COMFORTE, ROCKY		NAME	Jim Townsend	
STREET ADDRESS	8646 W. HWY 98		STREET ADDRESS	P.O. Box 633	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-ZIP	Port St. Joe, FL 32457	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSBAND, CAROLYN M		NAME		
STREET ADDRESS	PO BOX 622		STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA, FL 32465		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	

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