

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007669

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: GULF COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

## Current Principal Place of Business:

1000 CECIL COSTIN  
313  
PORT ST JOE, FL 32456

## New Principal Place of Business:

200 N 2ND STREET  
WEWAHITCHKA, FL 32465

## Current Mailing Address:

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

## New Mailing Address:

200 N 2ND STREET  
P.O. BOX 645  
WEWAHITCHKA, FL 32465

FEI Number: 59-3685134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HUSBAND, CAROLYN M  
1010 OLD DAIRY FARM RD.  
WEWAHITCHKA, FL 32465 US

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:

01/16/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: MCNAIR, ALAN  
Address: PO BOX 266  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: C ( ) Delete  
Name: BLAYLOCK, DEWEY  
Address: 7750 ROBINWOOD DR  
City-St-Zip: CAPE SAN BLAS, FL 32456

Title: VC ( ) Delete  
Name: TOWNSEND, JIM  
Address: PO BOX 633  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: T ( ) Delete  
Name: HUSBAND, CAROLYN M  
Address: PO BOX 622  
City-St-Zip: WEWAHITCHKA, FL 32465

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN MCNAIR

ED

01/16/2007

Electronic Signature of Signing Officer or Director

Date