

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90204 026 \*\*\*\*61.25

**DOCUMENT # N00000007669**

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



Principal Place of Business  
**200 N 2ND STREET  
WEWAHITCHKA, FL 32465**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3685134**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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.  
WEWAHITCHKA, FL 32465**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ED  
MCNAIR, ALAN  
PO BOX 266  
WEWAHITCHKA, FL 32465** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Gaskin, Jerald  
236 Old Panama Highway  
Wewahitchka, FL 32465** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
BLAYLOCK, DEWEY  
7750 ROBINWOOD DR  
CAPE SAN BLAS, FL 32456** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director,  
Kent, Doug  
428 West Lake View Drive  
Wewahitchka, FL 32465** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
TOWNSEND, JIM  
PO BOX 633  
PORT SAINT JOE, FL 32457** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Jones, Keith  
411 Reid Avenue  
Port St. Joe, FL 32456** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HUSBAND, CAROLYN M  
PO BOX 622  
WEWAHITCHKA, FL 32465** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Rentfro, Joe  
606 Nautilus Drive  
Port St. Joe, FL 32456** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Chairman  
Graney, Tom C  
8513 Tradewinds Drive  
Port St. Joe, FL 32456** ☐ Delete ☒ ADD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Lake, Tommy  
Port St. Joe, FL 32456** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice-Chairman  
Garth, Jim  
200 St. Joseph Drive  
Port St. Joe, FL 32456** ☐ Delete ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Fields, Eddie  
Port St. Joe, FL 32456** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08

850-629-2222