

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007669

FILED
Feb 27, 2009
Secretary of State

Entity Name: GULF COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

Current Principal Place of Business:

200 N 2ND STREET
WEWAHITCHKA, FL 32465

New Principal Place of Business:

406 MARINA DRIVE
PORT ST. JOE, FL 32456

Current Mailing Address:

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

New Mailing Address:

406 MARINA DRIVE
PORT ST. JOE, FL 32456

FEI Number: 59-3685134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NELSON, EDWARD A
406 MARINA DRIVE
PORT ST. JOE, FL 32456 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: EDWARD A. NELSON, JR.

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GASKIN, JERALD
Address: 236 OLD PANAMA HWY
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: KENT, DOUG
Address: 428 W LAKE VIEW DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: JONES, KEITH
Address: 411 REID AVE
City-St-Zip: PORT SAINT JOE, FL 32456

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

Title: C () Delete
Name: GRANEY, TOM C
Address: 8513 TRADEWINDS DR
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VC () Delete
Name: GARTH, JIM
Address: 200 ST JOSEPH DR
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ANDREW, ROWELL
Address: 406 MARINA DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

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 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: EDWARD A. NELSON, JR.

DIR.

02/27/2009

Electronic Signature of Signing Officer or Director

Date