# - NO0000007669

(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Ellity Name)
(Document Number)
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TIVISION OF CORPORATIONS

10 SEP 14 AM 9:50

Award

**C.COULLIETTE** 

SEP 1 5 2010

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Gulf County Ed	conomic Develop	ment Council, Inc.
DOCUMENT NUM	BER: N00000007669		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
	<u>_</u>	d A. Nelson	
	(Name of	Contact Person)	
	Gulf County Economic	Development Cou	ncil, Inc.
	(Firm	Company)	
	406 M	arina Drive	
	(A	(ddress)	<del>-</del>
	Port Saint J	oe, Florida 32456	
	(City/ Stat	e and Zip Code)	
	enelson@g E-mail address: (to be used	ulfcountyedc.org	t notification)
For further information	on concerning this matter, please	call:	
Keith L. Jones, C	PA	at ( 850 ) 2	29-1040
(Name	of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida De	partment of State:
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Ferometrified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Identification Identifi	Street Addr Amendment Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle

#### **Articles of Amendment** to Articles of Incorporation of

#### Gulf County Economic Development Council, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N0000007669 (Document Number of Corporation (if known)

	f the corporation:		
The new name must be distinguishable and combined the second of the seco			r the
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>			· <del>·····</del>
			10 SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
(Matting uturess MAT BE A FOST OFFIC			AM 9: 50
			9: 50
<ol> <li>If amending the registered agent and/or renew registered agent and/or the new registered.</li> </ol>		rida, enter the name	of the
Name of New Registered Agent:			
	(Florida street addre	ss)	
New Registered Office Address:		ŕ	
New Registered Office Address:		, Florida	
New Registered Office Address:	(City)	, Florida (Zip Cod	de)

Page 1 of 3

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VC	Jim Garth	305 Third Street	□ Add
		Port Saint Joe FL 32456	☑ Remove
			•
D	Edward A. Nelson	406 Marina Drive	☑ Add
		Port Saint Joe FL 32456	☐ Remove
	C·		
AD	ZannalWoods		
<del>/////////////////////////////////////</del>	Zaillaivvoous	406 Marina Drive Port Saint Joe FL 32456	☑ Add □ Remove
		FUIT SAINT JUE PL 32450	. L. Kelllove
			•
E 16		Lange	
E. H amendin	g or adding additional Articles, enter c tional sheets, if necessary). (Be specifi	change(s) here:	
(mruen aaar	itoliai sheels, if hecessary). (De specifi	<i>c)</i>	
			··
<u> </u>			
			<del></del>
		*******	
	<del></del>		. —
		•	

### If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
D	Jerald Gaskin	236 Old Panama Hwy Wewahitchka, FL 32465	☐ Add ☑ Remove
<u>D</u>	Andrew Rowell	P.O. Box 59462 Panama City, FL 32412	☐ Add ☑ Remove
D	Don Nowell	418 Cecil G. Costin, Sr. Blvd Port Saint Joe FL 32456	☐ Add ☑ Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
			<u>.</u>

The date of each amendment(s)	adoption: 09/09/10
•	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of directions.	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated	Edward Allen
Signature	Edward della 1
	e chairman or vice chairman of the board, president or other officer-if directors
have i	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Edward A Nelson
	(Typed or printed name of person signing)
_	Director
	(Title of person signing)