

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-30-2003 90091 027 ****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**

55043227

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES



Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

**JOHNSON, JAMES G
401 CECIL G COSTIN SR. BLVD
PORT ST JOE FL 32456**

Name: **Carolyn M. Husband**

Street Address (P.O. Box Number is Not Acceptable): **P O Box 622 1010 Old Dairy Farm Rd**

City: **Wewahatcha, FL**

State: **FL** Zip Code: **32465**

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: *Carolyn M. Husband* Sec - Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE: **D** NAME: **WOOD, KENNETH L** ☒ Delete
STREET ADDRESS: **8112 AMERICUS AVE**
CITY-ST-ZIP: **PORT ST JOE FL 32456**

TITLE: **D** NAME: **WILLIAMS, BILL** ☐ Delete
STREET ADDRESS: **8846 W HWY 98**
CITY-ST-ZIP: **PORT ST JOE FL 32457**

TITLE: **D** NAME: **PIERCE, CHARLOTTE M** ☒ Delete
STREET ADDRESS: **P O BOX 482**
CITY-ST-ZIP: **PORT ST JOE FL 32457**

TITLE: **D** NAME: **JOHNSON, JAMES G** ☒ Delete
STREET ADDRESS: **P O BOX 368**
CITY-ST-ZIP: **PORT ST JOE FL 32457**

TITLE: **D** NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **D** NAME: ☐ Delete
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **Director** NAME: **Michael White** ☐ Change ☒ Addition
STREET ADDRESS: **P O Box 8376**
CITY-ST-ZIP: **Seaside, FL 32409**

TITLE: **Director** NAME: **Rocky Comforter** ☐ Change ☒ Addition
STREET ADDRESS: **8046 W Hwy 98**
CITY-ST-ZIP: **Port St Joe FL 32456**

TITLE: **Treasurer** NAME: **Carolyn M Husband** ☐ Change ☒ Addition
STREET ADDRESS: **P O Box 622**
CITY-ST-ZIP: **Wewahatcha FL 32465**

TITLE: NAME: ☐ Change ☒ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carolyn M. Husband* 4/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)