

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006747

FILED
Apr 26, 2004
Secretary of State

Entity Name: GULF COAST CONSERVATION ASSOCIATION, INC.

Current Principal Place of Business:

584 STABAL DRIVE
WEWAHITCHKA, FL 32465

New Principal Place of Business:

584 STEBEL DRIVE
WEWAHITCHKA, FL 32465

Current Mailing Address:

P O BOX 1202
PORT ST JOE, FL 32457

New Mailing Address:

FEI Number: 59-3754935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, HARVEY A ESQ.
2827 YARMOUTH COURT
TALLAHASSEE, FL 32309

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MAGLOTHIN, MARTHA
Address: 584 STABEL DRIVE
City-St-Zip: WHITE CITY, FL 32465

Title: D () Delete
Name: HOOPER, CAROLYN
Address: 4815 CAPE SAN BLAS RD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: S () Delete
Name: MCKENZIE, LYNN
Address: 283 MYRTLE DR.
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: ABRAMS, HARVEY A
Address: 2827 YARMOUTH COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: V () Delete
Name: MCGEE, BILL
Address: 6062 ANCHOR LN.
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: PRIDGEON, MARTHA
Address: 228 1/2 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: D (X) Change () Addition
Name: ONDRACEK, GLENDA
Address: P.O. BOX 92
City-St-Zip: PORT ST. JOE, FL 32457

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

Title: D (X) Change () Addition
Name: FEDOTA, LESLIE
Address: 341 BENT TREE ROAD
City-St-Zip: PORT ST. JOE, FL 32456

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 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 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: MARTHA PRIDGEON

PT

04/26/2004

Electronic Signature of Signing Officer or Director

Date