


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 041 ****61.25

DOCUMENT # N01000006747 1. Entity Name GULF COAST CONSERVATION ASSOCIATION, INC.					
Principal Place of Business 584 STEBEL DRIVE WEWAHITCHKA, FL 32465			Mailing Address P O BOX 1202 PORT ST JOE, FL 32457		
2. Principal Place of Business 90 Leslie Fedota Suite, Apt. #, etc. 341 Bent Tree Road		3. Mailing Address Suite, Apt. #, etc. City & State Port St. Joe, FL			
City & State Port St. Joe, FL		City & State 		4. FEI Number 59-3754935	
Zip 32456		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMS, HARVEY A ESQ. 2827 YARMOUTH COURT TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Leslie Fedota Street Address (P.O. Box Number is Not Acceptable) 341 Bent Tree Road City Port St. Joe, FL Zip Code 32456		
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 Leslie Fedota Leslie Fedota, Director 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT PRIDGEON, MARTHA 228 1/2 7TH STREET PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONDRACEK, GLENDA P.O. BOX 92 PORT ST. JOE, FL 32457	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENZIE, LYNN 283 MYRTLE DR. PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDOTA, LESLIE 341 BENT TREE ROAD PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGEE, BILL 6062 ANCHOR LN. PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Martha Maglothin PO Box 1246 Port St. Joe, FL 32457	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D 228 Lightkeepers Road Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joe Fedota 341 Bent Tree Road Port St. Joe, FL 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: Martha Maglothin Martha Maglothin 4/15/05 850-340-8621 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50043010



04172005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Leslie Fedota**

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

341 Bent Tree Road

City **Port St. Joe, FL** Zip Code **32456**

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 **Leslie Fedota**

Leslie Fedota, Director

4/15/05

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, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
PRIDGEON, MARTHA
228 1/2 7TH STREET
PORT ST. JOE, FL 32456**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ONDRACEK, GLENDA
P.O. BOX 92
PORT ST. JOE, FL 32457**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCKENZIE, LYNN
283 MYRTLE DR.
PORT ST. JOE, FL 32456**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FEDOTA, LESLIE
341 BENT TREE ROAD
PORT ST. JOE, FL 32456**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCGEE, BILL
6062 ANCHOR LN.
PORT ST. JOE, FL 32456**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Martha Maglothin
PO Box 1246
Port St. Joe, FL 32457**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
228 Lightkeepers Road
Port St. Joe, FL 32456**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Joe Fedota
341 Bent Tree Road
Port St. Joe, FL 32456**

☐ Change ☒ Addition

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SIGNATURE: **Martha Maglothin** **Martha Maglothin** **4/15/05** **850-340-8621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #