

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 # N0100006747

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**

50043010



2. Principal Place of Business
90 Leslie Fedota

3. Mailing Address
341 Bent Tree Road

Suite, Apt. #, etc.
341 Bent Tree Road

City & State
Port St. Joe, FL

Zip
32456

Country
USA

04172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3754935

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 PT	PRIDGEON, MARTHA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	228 1/2 7TH STREET PORT ST. JOE, FL 32456	
TITLE D	ONDRACEK, GLENDA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 92 PORT ST. JOE, FL 32457	
TITLE S	MCKENZIE, LYNN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	283 MYRTLE DR. PORT ST. JOE, FL 32456	
TITLE D	FEDOTA, LESLIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	341 BENT TREE ROAD PORT ST. JOE, FL 32456	
TITLE V	MCGEE, BILL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6062 ANCHOR LN. PORT ST. JOE, FL 32456	
TITLE Delete		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D	Martha Maglothin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	PO Box 1246 Port St. Joe, FL 32457	
TITLE S/D	228 Lightkeepers Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE V/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE T	Joe Fedota	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	341 Bent Tree Road Port St. Joe, FL 32456	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #