


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90066 048 ****61.25

DOCUMENT # N01000006747 1. Entity Name GULF COAST CONSERVATION ASSOCIATION, INC.					
Principal Place of Business C/O LESLIE FEDOTA 341 BENT TREE RD PORT SAINT JOE, FL 32456				Mailing Address P O BOX 1202 PORT ST JOE, FL 32457	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FEDOTA, LESLIE 341 BENT TREE RD PORT SAINT JOE, FL 32456				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD MAGLOTHIN, MARTHA P.O. BOX 1246 PORT SAINT JOE, FL 32457	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Oliver 118 Parkview Ct, #11 Port St Joe, FL 32456
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 Christine Lutz 6002 Anchor Lane Port St. Joe, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENZIE, LYNN 228 LIGHTKEEPERS RD PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Lynn McKenzie 228 Lightkeepers Rd Port St. Joe, FL 32456
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGEE, BILL 6062 ANCHOR LN. PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEDOTA, JOE 341 BENT TREE RD PORT SAINT JOE, FL 32456	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Martha Maglothin</u> 4/30/07 850-340-0621 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					