

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006747

FILED
Jan 13, 2009
Secretary of State

Entity Name: GULF COAST CONSERVATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O LESLIE FEDOTA
341 BENT TREE RD
PORT SAINT JOE, FL 32456

New Principal Place of Business:

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:

FEDOTA, LESLIE
341 BENT TREE RD
PORT SAINT JOE, FL 32456 US

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: PD () Delete
Name: MAGLOTHIN, MARTHA
Address: P.O. BOX 1246
City-St-Zip: PORT SAINT JOE, FL 32457

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

Title: D () Delete
Name: MCKENZIE, LYNN
Address: 228 LIGHTKEEPERS RD
City-St-Zip: PORT ST. JOE, FL 32456

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

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

Title: T () Delete
Name: OLIVER, JOHN
Address: 118 PARKVIEW CT. #11
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN OLIVER

T

01/13/2009

Electronic Signature of Signing Officer or Director

Date