2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90305 024 ****61.25

DOCUMENT # N01000006747

1. Entity Name
GULF COAST CONSERVATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
584 ~~STABAL~~ DRIVE WEWAHITCHKA, FL 32465	~~P O BOX 7202~~ PORT ST JOE, FL 32457

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
584 Stebel Drive	P.O. Box 1202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
ABRAMS, HARVEY A ESQ. 2827 YARMOUTH COURT TALLAHASSEE, FL 32309	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGLOTHIN, MARTHA 584 STABEL DRIVE WHITE CITY, FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Treasurer 584 Stebel Drive	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOPER, CAROLYN 4815 CAPE SAN BLAS RD. PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKENZIE, LYNN 283 MYRTLE DR. PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMS, HARVEY A 2827 YARMOUTH COURT TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGEE, BILL 6062 ANCHOR LN. PORT ST. JOE, FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Maglothlin Martha Maglothlin 4/18/03 850-227-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #