2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008422

FILED Feb 16, 2009 Secretary of State

Entity Name: PORT ST. JOE COMMERCE CENTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

245 RIVERSIDE AVENUE 209 7TH STREET

PORT SAINT JOE, FL 32456 SUITE 500

JACKSONVILLE, FL 32202

New Mailing Address: Current Mailing Address:

245 RIVERSIDE AVENUE SUITE 500 209 7TH STREET

ATTN: LEGAL DEPT. PORT SAINT JOE, FL 32456 JACKSONVILLE, FL 32202

FEI Number: 01-0750636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARX, CHRISTINE GULF COAST PROPERTY SERVICES, LLC 245 RÍVERSIDE AVENUE 209 7TH STREET

PORT SAINT JOE, FL 32456 SUITE 500 US JACKSONVILLE, FL 32202 US

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: GCPS, LLC 02/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D-P () Delete (X) Change () Addition

RENTFRO, JOSEPH N CHANEY, SHARI Name: Name:

301 EAST 1ST STREET Address: 245 RIVERSIDE AVENUE / SUITE 500 Address: PORT ST. JOE, FL 32457 JACKSONVILLE, FL 32202

City-St-Zip: City-St-Zip:

(X) Change () Addition Title: D-VP Title: () Delete

FLECK, MATT Name: BRANDON, MIKE Name: Address: 301 E. 1ST STREET Address:

245 RIVERSIDE AVENUE / SUITE 500 City-St-Zip:

PORT ST. JOE, FL 32457 City-St-Zip: JACKSONVILLE, FL 32202

Title: D-VP () Delete Title: D-VP (X) Change () Addition

CALDWELL, DANE CALDWELL, DANE Name: Name: Address: 301 E. 1ST STREET Address:

245 RIVERSIDE AVENUE / SUITE 500 City-St-Zip: PORT ST. JOE, FL 32457 City-St-Zip: JACKSONVILLE, FL 32202

Title: SEC Title: () Change () Addition () Delete

Name: HORNSBY, MELISSA Name: Address: 3800 ESPLANADE WAY, SUITE 100 Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip:

Title: () Delete Title: () Change () Addition

JONES, PHILIP B Name: Name: 245 RIVERSIDE AVENUE, SUITE 500 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

Title: () Delete Title: () Change () Addition

CHILDERS, DAVID F III Name: Name: Address: 245 RIVERSIDE AVENUE, SUITE 500 Address: JACKSONVILLE, FL 32202 City-St-Zip: 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: S. NOVAK CAM 02/16/2009