

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90076 012 ****61.25

DOCUMENT # N05000002895

1. Entity Name
**GULF COUNTY COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business
P.O. BOX 837
PORT ST. JOE., FL 32457

Mailing Address
P.O. BOX 837
PORT ST. JOE., FL 32457

40124430



DO NOT WRITE IN THIS SPACE

07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
84-1674649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BOLDEN, DANNIE E.
110 BRENDA DRIVE
PORT ST. JOE., FL 32456

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOLDEN, DANNIE
110 BRENDA DRIVE
PORT ST. JOE., FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENDRY, JOHN
1511 MONUMENT AVE.
PORT ST. JOE., FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAGIDSON, MEL JR.
528 6TH ST.
PORT ST. JOE., FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARRINER, DAVID
P.O. BOX 280
PORT ST. JOE., FL 32457

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCNAIR, ALAN
559 S. HWY 71
WEWAHITCHKA, FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANGSTON, DAVID
P.O. BOX 837
PORT ST. JOE., FL 32457

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dannier Bolden July 10, 2007 (850) 229-7986

Date

Daytime Phone #