

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002895

FILED
Feb 08, 2008
Secretary of State

Entity Name: GULF COUNTY COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

106 TRADE CIRCLE WEST
PORT ST. JOE., FL 32457

Current Mailing Address:

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

New Mailing Address:

FEI Number: 84-1674649 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOLDEN, DANNIE E.
110 BRENDA DRIVE
PORT ST. 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: D () Delete
Name: BOLDEN, DANNIE
Address: 110 BRENDA DRIVE
City-St-Zip: PORT ST. JOE., FL 32456

Title: D () Delete
Name: HENDRY, JOHN
Address: 1511 MONUMENT AVE.
City-St-Zip: PORT ST. JOE., FL 32456

Title: D () Delete
Name: MAGIDSON, MEL JR.
Address: 528 6TH ST.
City-St-Zip: PORT ST. JOE., FL 32456

Title: D () Delete
Name: WARRINER, DAVID
Address: P.O. BOX 280
City-St-Zip: PORT ST. JOE., FL 32457

Title: D () Delete
Name: MCNAIR, ALAN
Address: 559 S. HWY 71
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: LANGSTON, DAVID
Address: P.O. BOX 837
City-St-Zip: PORT ST. JOE., FL 32457

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HUFT, JERRY
Address: 235 CHIPOLA AVE
City-St-Zip: WEWAHITCHKA, FL 32465

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: D (X) Change () Addition
Name: GASKIN, JERRY
Address: 236 OLD PANAMA HWY
City-St-Zip: WEWAHITCHKA, FL 32465

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: DANNIE E. BOLDEN

D

02/08/2008

Electronic Signature of Signing Officer or Director

Date