

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005915

FILED
Jan 07, 2008
Secretary of State

Entity Name: ST. JOHN'S VILLAGE OF GULF COUNTY, INC.

Current Principal Place of Business:

559 HWY 71 SOUTH
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

P O BOX 266
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 20-3204220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATLOCK, GEORGE V
2549 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 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: MCNAIR, ALAN
Address: P O BOX 266
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: HUFT, JERRY R
Address: P O BOX 595
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: TOWNSEND, JAMES
Address: P O BOX 633
City-St-Zip: PORT ST JOE, FL 32465

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:

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: ALAN MCNAIR

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date