

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001896

FILED
Apr 22, 2009
Secretary of State

Entity Name: GULF COUNTY COMMUNITY LAND TRUST, INC.

Current Principal Place of Business:

401 PETERS STREET
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

401 PETERS STREET
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 43-2105694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGIDSON, MEL C JR.
528 6TH STREET
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: PD () Delete
Name: CROFT, TIM
Address: 3285 GARRISON AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD () Delete
Name: COSTIN, LORETTA
Address: 167 CESSNA DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: MAGIDSON, MEL C JR
Address: 1511 MONUMENT AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: TD () Delete
Name: JOHNSON, GREG
Address: 212 GAUTIER
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: D (X) Delete
Name: PIERCE, CHARLOTTE
Address: POST OFFICE BOX 462
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: MAGIDSON, MEL C JR.
Address: 218 GAUTIER MEMORIAL LANE
City-St-Zip: PORT ST JOE, FL 32456

Title: D (X) Change () Addition
Name: WARRINER, DAVID
Address: 1600 CONSTITUTION
City-St-Zip: PORT ST JOE, FL 32456

Title: D (X) Change () Addition
Name: PIERCE, CHARLOTTE
Address: 1009 LONG AVE
City-St-Zip: PORT ST JOE, FL 32456

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: MEL MAGIDSON JR.

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date