

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001896

FILED  
Apr 05, 2010  
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:**

MEL C. MAGIDSON, JR. PA  
528 6TH STREET  
PORT ST. JOE, FL 32456 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: MEL C. MAGIDSON JR.

04/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CROFT, TIM  
Address: 3285 GARRISON AVENUE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D  
Name: MAGIDSON, MEL C JR.  
Address: 218 GAUTIER MEMORIAL LANE  
City-St-Zip: PORT ST JOE, FL 32456

Title: D  
Name: WARRINER, DAVID  
Address: 1600 CONSTITUTION  
City-St-Zip: PORT ST JOE, FL 32456

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

I hereby 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 all other like empowered.

SIGNATURE: MEL MAGIDSON JR.

D

04/05/2010

Electronic Signature of Signing Officer or Director

Date