

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001910

1. Corporation Name
 THE CAMP GORDON JOHNSTON ASSOCIATION, INC.

Principal Place of Business: POST OFFICE BOX 1334, CARRABELLE FL 32322
 Mailing Address: POST OFFICE BOX 1334, CARRABELLE FL 32322

FILED
 99 JUL -6 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 04/04/1997 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number NOT APPLICABLE |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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|---|--|
| 9. Name and Address of Current Registered Agent MINICHELLO, ANTHONY J 1039 CANARVON DRIVE TALLAHASSEE FL 32311 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
|---|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINCHESTER, SIDNEY | 1.2 NAME | 300002927473--2 |
| STREET ADDRESS | P.O. BOX GG N/A | 1.3 STREET ADDRESS | -07/09/99--01074--004 |
| CITY-ST-ZIP | CARRABELLE FL 32322 | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | S | 2.1 TITLE | 5 |
| NAME | ARBUCKLE, KAY | 2.2 NAME | DIETZ, RUTH |
| STREET ADDRESS | P.O. BOX 1179 N/A | 2.3 STREET ADDRESS | P.O. Box 1238-36-2 HOLLAND ST. |
| CITY-ST-ZIP | CARRABELLE FL 32322 | 2.4 CITY-ST-ZIP | LANARK VILLAGE, FL 32323 |
| TITLE | T | 3.1 TITLE | T |
| NAME | SABAS, BARBARA | 3.2 NAME | DIETZ, RALPH |
| STREET ADDRESS | HC 82 BOX 82 N/A | 3.3 STREET ADDRESS | P.O. Box 1328-36-2 HOLLAND CT. |
| CITY-ST-ZIP | CARRABELLE FL 32322 | 3.4 CITY-ST-ZIP | LANARK VILLAGE, FL 32323 |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINICHELLO, ANTHONY | 4.2 NAME | |
| STREET ADDRESS | 1039 CANARVON DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNBAR, ROBERT | 5.2 NAME | |
| STREET ADDRESS | 135 OLD STILL RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLING, JAMES | 6.2 NAME | TS |
| STREET ADDRESS | 1836 WESTMINISTER DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony J. Minichello* 7-6-99 561-3522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E037 (5/99)