

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90397 014 ****61.25

DOCUMENT # N97000001910

1. Entity 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

766581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINICHELLO, ANTHONY J
1039 CANARVON DRIVE
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WINCHESTER, SIDNEY	P.O. BOX GG N/A	CARRABELLE FL 32322	<input type="checkbox"/>
S	DIETZ, RUTH	P.O. BOX 1328-326-2 HOLLAND ST.	LANDMARK VILLAGE FL 32323	<input type="checkbox"/>
T	DIETZ, RALPH	P.O. BOX 1328-326-2 HOLLAND ST.	LANDMARK VILLAGE FL 32323	<input type="checkbox"/>
D	MINICHELLO, ANTHONY	1039 CANARVON DR.	TALLAHASSEE FL 32311	<input type="checkbox"/>
D	DUNBAR, ROBERT	135 OLD STILL RD.	CRAWFORDVILLE FL 32327	<input type="checkbox"/>
D	FLING, JAMES	1836 WESTMINISTER DR.	TALLAHASSEE FL 32304	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>Same</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>Same</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>Same</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>Same</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>Same</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<i>deceased</i>		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/17/01

191-2852

CR2E037 (10/00)