

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 05, 2007
Secretary of State**

DOCUMENT# N97000001910

Entity Name: THE CAMP GORDON JOHNSTON ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 1334
CARRABELLE, FL 32322

New Principal Place of Business:

302 MARINE STREET
CARRABELLE, FL 32322

Current Mailing Address:

POST OFFICE BOX 1334
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-3391636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINICHIELLO, ANTHONY J
1039 CANARVON DRIVE
TALLAHASSEE, FL 32317 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: BUTLER, DAVID
Address: PO DRAWER GG
City-St-Zip: CARRABELLE, FL 32322

Title: VPD () Delete
Name: MESSER, WILBURN
Address: P.O. DRAWER G
City-St-Zip: CARRABELLE, FL 32322

Title: TD () Delete
Name: MINICHIELLO, ANTHONY
Address: PO BOX 10525
City-St-Zip: TALLAHASSEE, FL 323022525

Title: PD () Delete
Name: MINICHIELLO, LINDA
Address: 1039 CANARDON DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD () Delete
Name: BRITZ, MARY
Address: 142 CAROLINA ST
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: STAFF, MARY
Address: 2248 HWY 98 E.
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WINCHESTER, SIDNEY
Address: P.O. BOX 143
City-St-Zip: CARRABELLE, FL 32322

Title: PD (X) Change () Addition
Name: MINICHIELLO, ANTHONY
Address: PO BOX 10525
City-St-Zip: TALLAHASSEE, FL 323022525

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SISK, JACK
Address: P.O. BOX 566
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY J. MINICHIELLO

PD

03/05/2007

Electronic Signature of Signing Officer or Director

_____ Date