2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001910

FILED Jan 15, 2008 Secretary of State

Entity Name: THE CAMP GORDON JOHNSTON ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 302 MARINE STREET CARRABELLE, FL 32322 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 1334 CARRABELLE, FL 32322 FEI Number: 59-3391636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINICHIELLO, ANTHONY J 1039 CANARÝON DRIVE TALLAHASSEE, FL 32317 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUTLER, DAVID Name: Name: PO DRAWER GG Address: Address: City-St-Zip: CARRABELLE, FL 32322 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition WINCHESTER, SIDNEY Name: WINCHESTER, SIDNEY Name: Address: P.O. BOX 143 Address: P.O. BOX 143 City-St-Zip: CARRABELLE, FL 32322 City-St-Zip: CARRABELLE, FL 32322 Title: () Delete Title: (X) Change () Addition MINICHIELLO, ANTHONY MINICHIELLO, ANTHONY Name: Name: Address: PO BOX 10525 Address: PO BOX 10525 City-St-Zip: TALLAHASSEE, FL 323022525 City-St-Zip: TALLAHASSEE, FL 323022525 Title: PD () Delete Title: () Change () Addition MINICHIELLO, LINDA Name: Name: 1039 CANARDON DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition BRITZ, MARY Name: Name: BRITZ, MARY 142 CAROLINA ST 142 CAROLINA ST Address: Address: CARRABELLE, FL 32322 City-St-Zip: City-St-Zip: CARRABELLE, FL 32322 Title: () Delete Title: (X) Change () Addition SISK, JACK SISK, JACK Name: Name: Address: P.O. BOX 566 Address: P.O. BOX 566 CARRABELLE, FL 323222 CARRABELLE, FL 323222 City-St-Zip: 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: LINDA J. MINICHIELLO PD 01/15/2008