2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
Secretary of State

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Entity Name: THE CAMP GORDON JOHNSTON ASSOCIATION, INC.

Current Principal Place of Business:

1001 GRAY AVENUE
CARRABELLE, FL 32322 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1334
CARRABELLE, FL 32322 US

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
Name: BUTLER, DAVID
Address: PO DRAWER GG
City-St-Zip: CARRABELLE, FL 32322

Title: D
Name: WINCHESTER, SIDNEY
Address: P.O. BOX 143
City-St-Zip: CARRABELLE, FL 32322

Title: PD
Name: MINICHIELLO, ANTHONY
Address: PO BOX 10525
City-St-Zip: TALLAHASSEE, FL 323022525

Title: SD
Name: MINICHIELLO, LINDA
Address: 1039 CANARDON DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD
Name: CARNLEY, ROBERT
Address: 1210 S. ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD
Name: SKIPPER, RHONDA
Address: P.O. BOX 468
City-St-Zip: CARRABELLE, FL 323222

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: LINDA MINICHIELLO SD 01/09/2010

Electronic Signature of Signing Officer or Director Date