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**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90021 025 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000006897**

1. Corporation Name

**GULF COAST HISTORY AND FOLKLORE ASSOCIATION, INC**

Principal Place of Business

2086 LAS VEGAS TRAIL  
NAVARRE FL 32566-7559

Mailing Address

2086 LAS VEGAS TRAIL  
NAVARRE FL 32566-7559



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GODWIN, DIANA  
2086 LAS VEGAS TRAIL  
NAVARRE FL 32566-7559

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

*Diana Godwin*

DIANA GODWIN

5-17-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE M ☐ DELETE  
NAME GODWIN, DIANA  
STREET ADDRESS 2086 LAS VEGAS TRAIL  
CITY-ST-ZIP NAVARRE FL 32566

TITLE D ☐ DELETE  
NAME GODWIN, MARKHAM  
STREET ADDRESS 2086 LAS VEGAS TRAIL  
CITY-ST-ZIP NAVARRE FL 32566

TITLE D ☐ DELETE  
NAME ~~MOMANUS, BARBARA~~  
STREET ADDRESS ~~2086 LAS VEGAS TRAIL~~  
CITY-ST-ZIP ~~NAVARRE FL 32566~~

TITLE D ☐ DELETE  
NAME HANSEN, HOWARD  
STREET ADDRESS 3810 20TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE D ☐ DELETE  
NAME MCMURRAY, CARL  
STREET ADDRESS ~~13120 RINGWEELD RD~~  
CITY-ST-ZIP ~~TALLAHASSEE FL 32312~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME CARMICHAEL, BARBARA  
3.3 STREET ADDRESS 2051 LAS VEGAS TRAIL  
3.4 CITY-ST-ZIP NAVARRE, FL 32566

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME MCMURRAY, CARL  
5.3 STREET ADDRESS 14036 Godbold Rd.  
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Diana Godwin*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 882-8456 x211

CR2E037 (11/98)

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