

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001223

FILED  
Jan 31, 2007  
Secretary of State

**Entity Name:** THE EDUCATION FOUNDATION OF GULF COUNTY, INC.

**Current Principal Place of Business:**

150 MIDDLE SCHOOL DR  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

150 MIDDLE SCHOOL DR  
PORT ST JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 59-3498597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBSON, THOMAS S  
206 S. E. FOURTH ST.  
PORT ST JOE, FL 32456 US

**Name and Address of New Registered Agent:**

MAY, CARLA A  
115 ALLEN MEMORIAL WAY  
PORT ST JOE, FL 32456 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: CARLA A MAY

01/31/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OFFI ( ) Delete  
Name: MAY, CARLA  
Address: 115 ALLEN MEMORIAL WAY  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: WARRINGER, DAVID  
Address: P.O. BOX 280  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: D ( ) Delete  
Name: RISH, HEATHER  
Address: 214 GAUTIER MEMORIAL LANE  
City-St-Zip: PORT SAINT JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OFFI (X) Change ( ) Addition  
Name: MAY, CARLA A  
Address: 115 ALLEN MEMORIAL WAY  
City-St-Zip: PORT SAINT JOE, FL 32456

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

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

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: CARLA A MAY

OFF

01/31/2007

Electronic Signature of Signing Officer or Director

Date