

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002762

1. Entity Name

GULF COUNTY COASTAL DEVELOPMENT ASSOCIATION, INC.

FILED

02 NOV 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5540 CAPE SAN BLAS RD

3. Mailing Address

P.O. BOX 91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. JOE, FL

City & State

PORT ST. JOE, FL

4. FEI Number

59-3617727

Applied For

Not Applicable

Zip

Country

32456

GULF

Zip

Country

32457

GULF

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHARLES COSTIN

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

413 Williams Ave

City PORT ST. JOE

FL

Zip Code 32456

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MORROW, James R.
STREET ADDRESS	5540 CAPE SAN BLAS RD
CITY - ST - ZIP	PORT ST. JOE, FL 32456
TITLE	VO
NAME	MAALEY, SUSAN M
STREET ADDRESS	P.O. BOX 425
CITY - ST - ZIP	PORT ST. JOE, FL 32457
TITLE	STO
NAME	JOHNSON, James G.
STREET ADDRESS	101 ALLEN MEMORIAL WAY
CITY - ST - ZIP	PORT ST. JOE, FL 32457
TITLE	D
NAME	KENNEDY, William J.
STREET ADDRESS	1612 MONUMENT AVE
CITY - ST - ZIP	PORT ST. JOE, FL 32456
TITLE	PO
NAME	SMITH, JASPER L
STREET ADDRESS	905 MONUMENT AVE
CITY - ST - ZIP	PORT ST. JOE, FL 32456
TITLE	D
NAME	COSTIN, CHARLES A.
STREET ADDRESS	413 Williams Ave
CITY - ST - ZIP	PORT ST. JOE, FL 32456

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02 850-227-2077

November 12, 2002

Gulf County Coastal Development
Association, Inc.
P. O. Box 91
Port St. Joe, Fl 32457

State Of Florida
Department of Corporations
Reinstatement Department
P. O. Box 1500
Tallahassee, Fl. 32302-1500

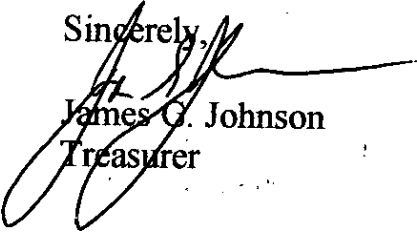
We did not receive our Uniform Business Report (UBR) for this year. During our audit of the records we found we had not paid our fee for renewal. I contacted your office this morning and learned that we had been terminated in October for non-filing.

During that conversation we found that when we changed our mailing address with our 2001 filing it was incorrectly entered as Port St. Lucie instead of Port St. Joe. The gentleman that I talked with this morning was going to correct the address. A copy of our 2001 filing is attached.

Enclosed are our completed URB and our check for the filing fee of \$61.25. We are requesting that you allow us to reinstate without penalty.

Thank you for your time and consideration.

Sincerely,



James G. Johnson
Treasurer