



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90016 004 ****61.25

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|--|---|---|--|--|---|
| DOCUMENT # N99000002762 1. Entity Name GULF COUNTY COASTAL DEVELOPMENT ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5540 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 | | | | Mailing Address P.O. BOX 91 PORT ST. JOE, FL 32457 | |
| 2. Principal Place of Business 7750 ROBINWOOD DR Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State PORT ST. JOE, FL | | City & State | | 4. FEI Number 59-3617727 | |
| Zip 32456 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVE. PORT ST. JOE, FL 32456 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>James G Johnson, STD</i></u> DATE <u>2/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORROW, JAMES R 5540 CAPE SAN BLAS ROAD PORT ST. JOE, FL 32456 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Dewey Blaylock 7750 ROBINWOOD DR PORT ST. JOE, FL 32456 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARLEY, SUSAN M P.O. BOX 475 PORT ST. JOE, FL 32457 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JOHNSON, JAMES G 212 GAUTIER MEMORIAL WAY PORT ST. JOE, FL 32456 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KENNEDY, WILLIAM J 1612 MONUMENT AVE PORT ST. JOE, FL 32456 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, JASPER L 905 MONUMENT AVE. PORT ST. JOE, FL 32456 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COSTIN, CHARLES A 413 WILLIAMS AVE. PORT ST. JOE, FL 32456 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE: <u><i>James G Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>2/18/05</u> Daytime Phone # <u>850-229-7200</u> | |