

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002762

FILED
Jan 15, 2009
Secretary of State

Entity Name: GULF COUNTY COASTAL DEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business:

7750 ROBINWOOD DR
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91
PORT ST. JOE, FL 32457

New Mailing Address:

7750 ROBINWOOD DR.
PORT ST. JOE, FL 32457

FEI Number: 59-3617727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVE.
PORT ST. JOE, FL 32456 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: PD () Delete
Name: DEWEY, BLAYLOCK
Address: 7750 ROBINWOOD DR
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD () Delete
Name: MARLEY, SUSAN M
Address: P.O. BOX 475
City-St-Zip: PORT ST. JOE, FL 32457

Title: STD () Delete
Name: JOHNSON, JAMES G
Address: 212 GAUTIER MEMORIAL WAY
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: KENNEDY, WILLIAM J
Address: 1612 MONUMENT AVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: SMITH, JASPER L
Address: 905 MONUMENT AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: COSTIN, CHARLES A
Address: 413 WILLIAMS AVE.
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JAMES G. JOHNSON

STD

01/15/2009

Electronic Signature of Signing Officer or Director

Date