

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90123 048 ****61.25

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3617727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MORROW, JAMES R	5540 CAPE SAN BLAS ROAD	PORT ST. JOE FL 32456	<input type="checkbox"/>
VD	MARLEY, SUSAN M	P.O. BOX 475	PORT ST. JOE FL 32457	<input type="checkbox"/>
STD	JOHNSON, JAMES G	101 ALLENE MEMORIAL WAY	PORT ST. JOE FL 32457	<input type="checkbox"/>
D	KENNEDY, WILLIAM J	1612 MONUMENT AVE	PORT ST. JOE FL 32456	<input type="checkbox"/>
D	SMITH, JASPER L	905 MONUMENT AVE.	PORT ST. JOE FL 32456	<input type="checkbox"/>
D	COSTIN, CHARLES A	413 WILLIAMS AVE.	PORT ST. JOE FL 32456	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES G. JOHNSON

1/8/03 850-227-2077

CR2E037 (10/02)