

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007467

FILED  
Mar 22, 2006  
Secretary of State

**Entity Name:** FORGOTTEN COAST BUILDERS ASSOCIATION, INC.

**Current Principal Place of Business:**

78 11TH STREET  
SUITE 2  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1047  
APALACHICOLA, FL 32329

**New Mailing Address:**

**FEI Number:** 59-3640946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FLINT, DAYLE  
P.O BOX 1041  
EASTPOINT, FL 32328 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: SANSON, BRUCE  
Address: 235 W. GULF BEACH DRIVE  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: VD ( ) Delete  
Name: HOUSE, CHARLES  
Address: 286 BETTY RAE DRIVE  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: SD ( ) Delete  
Name: LANGFORD, RICHARD  
Address: P.O BOX 1096  
City-St-Zip: EASTPOINT, FL 32328

Title: TD ( ) Delete  
Name: JONES, BECKIE  
Address: 1060 CYPRESS STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: 2VD ( ) Delete  
Name: SHOAF, STEPHEN  
Address: P.O BOX 549  
City-St-Zip: PORT ST. JOE, FL 32457

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

Title: PD (X) Change ( ) Addition  
Name: HUBBARD, MATTHEW  
Address: P.O BOX 595  
City-St-Zip: CARRABELLE, FL 32322

Title: VD (X) Change ( ) Addition  
Name: WATSON, TOM  
Address: 229 8TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

Title: SD (X) Change ( ) Addition  
Name: CALHOUN, PEGGY  
Address: 600 WEST PINE AVE  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: TD (X) Change ( ) Addition  
Name: ANDERSON, VIKKI  
Address: P.O BOX 1238  
City-St-Zip: PORT ST. JOE, FL 32456

Title: 2VD (X) Change ( ) Addition  
Name: SEYMOUR, MARY  
Address: P.O BOX 893  
City-St-Zip: EASTPOINT, FL 32328

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: DAYLE FLINT

EO

03/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date