

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90012 015 ****61.25

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1. Entity Name
FORGOTTEN COAST BUILDERS ASSOCIATION, INC.



Principal Place of Business
**78 11TH STREET
SUITE 2
APALACHICOLA, FL 32320**

Mailing Address
**P.O. BOX 1047
APALACHICOLA, FL 32329**

2. Principal Place of Business - No P.O. Box #
229 8th Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07302007 Chg-NP CR2E037 (12/06)

City & State
Port St Joe, FL
Zip
32456 Country
Gulf

City & State
Zip Country

4. FEI Number
59-3640946 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLINT, DAYLE
P.O. BOX 1041
EASTPOINT, FL 32328**

7. Name and Address of New Registered Agent

Name **Ralph C Roberson CPA**
Street Address (P.O. Box Number is Not Acceptable)
214 Seventh St.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ralph C. Roberson CPA** **Ralph C Roberson** **8/1/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, MATTHEW	
STREET ADDRESS	P.O. BOX 595	
CITY-ST-ZIP	CARRABELLE, FL 32322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, TOM	
STREET ADDRESS	229 8TH STREET	
CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, PEGGY	
STREET ADDRESS	600 WEST PINE AVE	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, VIKKI	
STREET ADDRESS	P.O. BOX 1238	
CITY-ST-ZIP	PORT ST. JOE, FL 32456	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	SEYMOUR, MARY	
STREET ADDRESS	P.O. BOX 893	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Watson	
STREET ADDRESS	229 8th Street	
CITY-ST-ZIP	Port St Joe, FL 32456	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stan Siprell	
STREET ADDRESS	404 Ponderosa Pines Dr.	
CITY-ST-ZIP	Port St Joe, FL 32456	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Shoaf	
STREET ADDRESS	303 Long Avenue	
CITY-ST-ZIP	Port St Joe, FL 32456	
TITLE	2VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Moore	
STREET ADDRESS	P.O. Box 1107	
CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Vikki Anderson, Vikki Anderson, Treas** **8-1-07** **850-229-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #