

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007467

FILED
Feb 04, 2008
Secretary of State

Entity Name: FORGOTTEN COAST BUILDERS ASSOCIATION, INC.

Current Principal Place of Business:

229 8TH STREET
PORT SAINT JOE, FL 32456

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 ()

Name and Address of Current Registered Agent:

ROBERTON, RALPH C CPA
214 SEVENTH ST
PORT SAINT 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: WATSON, TOM
Address: 229 8TH STREET
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VD () Delete
Name: SIPRELL, STAN
Address: 404 PONDEROSA PINES DR
City-St-Zip: PORT ST. JOE, FL 32456

Title: SD (X) Delete
Name: SHOAF, STEPHEN
Address: 303 LONG AVENUE
City-St-Zip: PORT SAINT JOE, FL 32456

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

Title: 2VD (X) Delete
Name: MOORE, LEE
Address: P.O. BOX 1107
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONNOR, TOM
Address: 135 10TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: TRS (X) Change () Addition
Name: SPRING, SAMUEL R
Address: P.O. BOX 811
City-St-Zip: PORT SAINT JOE, FL 32457

Title: () Change () Addition
Name:
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: SAMUEL R SPRING

TRS

02/04/2008

Electronic Signature of Signing Officer or Director

Date