

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007467

FILED  
Apr 01, 2009  
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: CONNOR, TOM  
Address: 135 10TH STREET  
City-St-Zip: APALACHICOLA, FL 32320

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: BLOODWORTH, MICHAEL  
Address: 110 DR FREDERICK HUMPHRIES STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: TRS (X) Change ( ) Addition  
Name: ANDERSON, VICTORIA L  
Address: 202 MARINA DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

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

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: VICTORIA L ANDERSON

TRS

04/01/2009

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

\_\_\_\_\_  
Date