

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738086

**FILED**  
**Mar 06, 2018**  
**Secretary of State**  
**CC2489315732**

**Entity Name:** GULF COUNTY SENIOR CITIZENS ASSOCIATION, INC.

**Current Principal Place of Business:**

120 LIBRARY DRIVE  
PORT ST JOE, FL 32456

**Current Mailing Address:**

120 LIBRARY DR.  
PORT ST JOE, FL 32456 US

**FEI Number:** 59-1777183

**Certificate of Status Desired:** No

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

SCHOLZ, S. RUSSELL  
120 LIBRARY DRIVE  
PORT ST. JOE, FL 32456 US

*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

**Officer/Director Detail :**

Title D  
Name MATHES, VERNA  
Address 251 JAMES DRIVE  
City-State-Zip: WEWAHITCHKA FL 32465

Title PD  
Name MANNON, BARBARA  
Address 253 WARD STREET  
City-State-Zip: PORT ST. JOE FL 32456

Title ED  
Name SCHOLZ, S. RUSSELL  
Address 120 LIBRARY DRIVE  
City-State-Zip: PORT ST. JOE FL 32456

Title D  
Name PITTS, TOMMY  
Address 1908 FOREST PARK AVE  
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR  
Name SAWATIS, MAURICE  
Address PO BOX 865  
City-State-Zip: WEWAHITCHKA FL 32465

Title DIRECTOR  
Name TREGLOWN, NOLAN  
Address 120 LIBRARY DRIVE  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR  
Name NEWSOME, LEIGH L  
Address 120 LIBRARY DRIVE  
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR  
Name TINSLEY, VIRGINIA G  
Address 120 LIBRARY DRIVE  
City-State-Zip: PORT ST JOE FL 32456

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** S. RUSSELL SCHOLZ

**ED**

**03/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LANIER, LYNN  
Address        120 LIBRARY DRIVE  
City-State-Zip: PORT ST JOE FL 32456