

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738086

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:**FIELDS, EDDIE C.
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:** EDDIE C. FIELDS

04/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HANLON, GENE
Address 120 LIBRARY DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title PRESIDENT
Name REID, RON
Address 120 LIBRARY DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title ED
Name FIELDS, EDDIE C.
Address 120 LIBRARY DR.
City-State-Zip: PORT ST JOE FL 32456

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

Title DIRECTOR
Name THOMAS-HUDSON, CHARLENE
Address 120 LIBRARY DR.
City-State-Zip: PORT ST JOE FL 32456

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

Title SECRETARY
Name STEINDORF, CHERYL
Address 120 LIBRARY DRIVE
City-State-Zip: PORT ST JOE FL 32456

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

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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: EDDIE C. FIELDS**EXECUTIVE DIRECTOR**

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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