

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010172

Entity Name: FORGOTTEN COAST WARRIOR WEEKEND, INC.

Current Principal Place of Business:

200 ST JOESPH'S DRIVE
PORT ST JOE, FL 32456

Current Mailing Address:

P. O. BOX 1022
PORT ST JOE, FL 32457

FEI Number: 27-4538319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVE
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 DP
Name WESTON, CHARLES W
Address 6112 CAPE SAN BLAS RD.
City-State-Zip: PORT ST JOE FL 32456

Title DV
Name SIMMONS, JAMES
Address 303 DUPONT DR
City-State-Zip: PORT ST JOE FL 32456

Title DT
Name DUREN, GEORGE W
Address 100 DUPONT DRIVE
City-State-Zip: PORT ST JOE FL 32456

Title DS
Name GARTH, B
Address 200 ST. JOSEPH DRIVE
City-State-Zip: PORT ST. JOE FL 32456

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: BRENDA GARTH

DT

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date