

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001910

Entity Name: THE CAMP GORDON JOHNSTON ASSOCIATION, INC.

Current Principal Place of Business:

1873 HIGHWAY 98 WEST
CARRABELLE, FL 32322

Current Mailing Address:

POST OFFICE BOX 1334
CARRABELLE, FL 32322 US

FEI Number: 59-3391636

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTLER, DAVID K
55258 FOX SQUIREL DR.
CALLAHAN, FL 32011 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: DAVID K BUTLER

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name BUTLER, DAVID K
Address 55258 FOX SQUIREL DR.
City-State-Zip: CALLAHAN FL 32011

Title DIRECTOR, VP
Name NEWTON, JAMES
Address P O BOX 792
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name JOHNSON, TONY
Address PO BOX 337
City-State-Zip: LANARK VILLAGE FL 32323

Title DIRECTOR
Name BOOTH, JOHN
Address 302 BIRCH LANE
City-State-Zip: TALLAHASSEE FL 32801

Title PRESIDENT
Name GRIMES, ROBERT (BOB) EARL
Address 6260 CRAWFORDVILLE ROAD
City-State-Zip: TALLAHASSEE FL 32305

Title DIRECTOR
Name SPIVEY, GENE
Address 207 12TH ST E
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name WINCHESTER, ROB
Address 6520 LAKE PISGAH DR
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name WEIKSNER, J. MIKE
Address POST OFFICE BOX 1334
City-State-Zip: CARRABELLE FL 32322

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: DAVID K. BUTLER

SECRETARY

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date