

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90012 037 ****61.25

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DOCUMENT # 738183 1. Entity Name STILL WATERS FOUNDATION, INC.					
Principal Place of Business 313 PETHERTON PLACE PENSACOLA, FL 32506 US			Mailing Address 313 PETHERTON PLACE PENSACOLA, FL 32506 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1739193	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, O. E. SR. 2020 N. PALAFOX ST. PENSACOLA, FL 32581			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNAN, BETTE		NAME	Terri Geiger	
STREET ADDRESS	48 TEAKWOOD CIRCLE		STREET ADDRESS	5654 Cedar Creek Drive	
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP	Ft. Worth, TX 76109	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, CAROL J		NAME		
STREET ADDRESS	313 PETHERTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 0,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUSLEY, JOESOPH		NAME		
STREET ADDRESS	770 BOXWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, JOHN E		NAME		
STREET ADDRESS	313 PETHERTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 0,		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBB, FAYE		NAME	Kinberly Hawn	
STREET ADDRESS	6020 W. JACKSON ST.		STREET ADDRESS	14299 Madison Hwy	
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP	Orange, VA 22960	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		John E. Pepper		Date: 6/10/04 Daytime Phone #: 850 456-7359	