


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767734** (7)

1. Corporation Name

THE COASTAL HERITAGE PRESERVATION FOUNDATION, IN C.

Principal Place of Business 786 BAY GROVE ROAD ALLEN LOOP DR. FREEPORT FL 32439 US	Mailing Address P. O. BOX 2111 SANTA ROSA BEACH FL 32459-2111 US
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2. Principal Place of Business 21 786 Bay Grove Rd. Suite, Apt. #, etc. 22 Freeport City & State 23 FL Zip 24 32439	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 Same City & State 28 Same Zip 29 32459 Country 30 USA	3. Date Incorporated or Qualified 03/30/1983	3a. Date of Last Report 01/26/1996	4. FEI Number 59-2395237	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BURBACH, MARIANNE 786 BAY GROVE ROAD ALLEN LOOP DR. FREEPORT-FL 32439	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Marianne Burbach T/D Marianne Burbach** 3/19/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURBACH, MARIANNE 786 BAY GROVE ROAD FREEPORT FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	H/D Lehmkuhl, Don 71 Fairway Drive Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMMONS, SANDY POST OFFICE BOX 1914 SANTA ROSA BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D Fleet, Robert G. 71 First Court Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OPIELINSKI, ALICE POST OFFICE BOX 1067 SANTA ROSA BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Coffeen, Kay 6 Mockingbird Lane Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOAN RT 1 BOX 1067 SANTA ROSA BEACH FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D Burbach, Marianne 786 Bay Grove Rd. Freeport, FL 32439 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFFEEN, KAY 6 MOCKINGBIRD LANE SANTA ROSA BCH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D McCall, Ann 85 Lake Drive Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLEET, ROBERT G 71 FIRST COURT SANTA ROSA BCH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Haynes, Bets 2 1/2 Hatz Avenue Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marianne Burbach T/D Marianne Burbach** 3/19/97 (904) 4728 835-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 5010306

CR2E037 (9/96)