NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90042 026 ****70.00

DOCUMENT # N04752

1. Corporation Name

TITLE

NAME

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

YALE, BARRY

P.O. BOX 99 N/A

CUTCHBERT GA 31740

2401 DELVERTON DRIVE

DUNES (of Panama Facilities Co	RPORATION			
Principal Place 7205 THOMAS BUILDING C		Mailing Address 7205 THOMAS DR. BUILDING C PANAMA CITY BEACH FL			
US	DEACH IL SEACO	US			•
	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 08/17/1984	· ·
Suite, Apt.	# etc	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	, ac.	27		59-2483915	Not Applicable
City & State	9	City & State		E Cartifactor of Status Desired	\$8.75 Additional
23		28		5. Certificate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29	30	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	ed Agent
	,		81 Name		
MYNARD.	JEFF / \		82 Street A	Address (P.O. Box Number is Not Acceptable)	
7205 THO	MAS DR, BLDG C/				
	CITY BEACH FL 32408		83		
	^		84 City	F	
44 5	to the providings of Sections 617 0502	and CAZ 4500 Florida Ctatute		and a submite this statement for the purpose	of changing its registered
i i Pursuant	to the provisions of sections of 1.0302	and 617.1508, Fiorida Statute	s, the above-named (corporation submits this statement for the purpose	-introduction
ASSIAA OF F	onictored anbut or buth in the bitate o	Y FIORICA SUCE CHARGE WAS AL		corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	79,
office or n agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligation	Y FIORICA SUCE CHARGE WAS AL	ida Statutes.)	opintment as registered
ASSIAA OF F	egistered agent, or both, in the State of m familiar with, and accept the obligation	ions of, Section 617.0503, Flor	ida Statutes. Registered Agent algoriture re	quired when reinstating) DATE	m(59
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14. 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 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, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

SIGNATURE

Change

Addition

Caneyville, KY 42721

7205 Thomas Drive, E2006

Shaffer, Rosalie