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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

1. Corporation Name N04755 (7)

CAPE	SHOALS.	ASSOCIATION.	INC.

Principal Place	of Business	Mailing Address				#163 #1#11 # 1#11	#18ft #1811) 81811 81811 1881
C/O JOHN V.		401 S. KATHERINE AVE C/O JOHN V. MURPHY	•					
PANAMA CITY	7 FL 32404	PANAMA CITY FL 3240	4		3. Date Incorporated or Qualified		e of Last	•
					08/17/1984		1/23/1	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21	t1_	26 Suite Ant H etc			59-2882242	·	 _	Not Applicable
Suite, Apt. #	F, OC.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State)	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		,	d to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for in	ntangible tax	under s.	. 199.032,
24	25	29	30			Yes 🔲		
	g. Name and Address of Curren	t Registered Agent	81	Libraria	10. Name and Address of New Re	egistered A	gent	
			61	Name				
MURPHY	, JOHN V.		62	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	ATHERINE AVENUE		83					
PANAMA	CITY FL 32404		00					
			84	City		FL	85 Zı	p Code
44 Durewant t	o the provisions of Sections 617 0502	and 617 1508. Florida Statut	es the above.	named corpo	ration submits this statement for the purp		nging its r	registered office
or registere	ed agent, or both, in the State of Florid	da. Such change was authoriz	ed by the corp	poration's boa	ird of directors. I hereby accept the appo	intment as i	egistered	i agent. I am
tamiliar wit	h, and accept the obligations of, Sect	ion 617.0503, Fiorida Statutes						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Age	nt signature require	ad when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI		TE: Registered Age	int signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
SIGNATURE _				nt signature require		CERS AND	DIRECTO	DRS IN 12
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SIGNATURE	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME			CERS AND		
SIGNATURE	PSD MURPHY, JOHN V. (ASST-S)	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-:	T ADDRESS		CERS AND] Change	Addition
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SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MURPHY, JOHN V. (ASST-S) 401 S. KATHERINE AVE. PANAMA CITY FL VD MURPHY, GAYLE C.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-: 2.1 TITLE 2.2 NAME	I ADDRESS ST-ZIP		CERS AND] Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 904-871-0539 Date 904-871-0539