

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90010 012 ****61.25

DOCUMENT # N04755

1. Entity Name

CAPE SHOALS ASSOCIATION, INC.



Principal Place of Business

401 S. KATHERINE AVENUE
C/O JOHN V. MURPHY
PANAMA CITY FL 32404

Mailing Address

401 S. KATHERINE AVENUE
C/O JOHN V. MURPHY
PANAMA CITY FL 32404

2. Principal Place of Business

1408 Belmeade Place

3. Mailing Address

P.O. Box 1445

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kingsport, TN

City & State

Kingsport, TN

Zip

37664

Country

US

Zip

37662

Country

US

4. FEI Number

59-2882242

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MURPHY, JOHN V.
401 S. KATHERINE AVENUE
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name

Fox, Beth A

Street Address (P.O. Box Number is Not Acceptable)

6127 Nassau Lane

City

Port St Joe

FL

Zip Code

32456

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 Beth A. Fox

Beth A. Fox

3/10/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MURPHY, JOHN V. (ASST-S) 401 S. KATHERINE AVE. PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, GAYLE C. 401 S. KATHERINE AVE. PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, GAYLE C. 401 S. KATHERINE AVE. PANAMA CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADLER, H H 1608 LYNWOOD LANE ALBANY GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Fox, Beth A 1408 Belmeade Place Kingsport, TN 37664	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lambert, Wayne 326 W. Water Street Bainbridge, GA 39818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Anreas Earl 1408 Belmeade Place Kingsport, TN 37664	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Beth A. Fox Beth A. Fox

3/10/04

931-619-4029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #