


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N04755 1. Entity Name CAPE SHOALS ASSOCIATION, INC.	
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Principal Place of Business 1408 BELMEADE PLACE KINGSPORT, TN 37664	Mailing Address P.O. BOX 1445 KINGSPORT, TN 37662
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2882242	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

FOX, BETH A
6127 NASSAU LANE
PORT SAINT JOE, FL 32456

**DO NOT WRITE
IN THIS SPACE**

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 3/2/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FOX, BETH A 1408 BELMEADE PLACE KINGSPORT, TN 37664
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAMBERT, WAYNE 326 W WATER STREET BAINBRIDGE, GA 39818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD ANEAS, EARL 1408 BELMEADE PLACE KINGSPORT, TN 37664
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/04/05-80008-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3/2/05 931-619-4029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #