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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90179 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003113**

1. Corporation Name

**SOUTH WALTON COMMUNITY COUNCIL, INC.**

Principal Place of Business  
 42 BOARDWALK LANE #46  
 SANTA ROSA BEACH FL 32459

Mailing Address  
 P.O. BOX 1661  
 SANTA ROSA BEACH FL 32459  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/11/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3405269	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BAIR, WALDO E</b> <b>42 BOARDWALK LANE #46</b> <b>SANTA ROSA BEACH FL 32459</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

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 <input type="checkbox"/> DELETE NAME <b>TD</b> STREET ADDRESS <b>BELCHER, EDGAR M JR.</b> CITY-ST-ZIP <b>37 N MYRLTE DR., 104</b> <b>SANTA ROSA BEACH FL 32459</b>				1.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Stevenson, Margaret</b> 1.3 STREET ADDRESS <b>50 Gossamer Lane, #10</b> 1.4 CITY-ST-ZIP <b>Panama City Beach, FL 32413</b>			
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>SD</b> STREET ADDRESS <b>NEWELL, BETTIE</b> CITY-ST-ZIP <b>4100 HWY 30A, 505</b> <b>SANTA ROSA BEACH FL 32459</b>				2.1 TITLE <b>1VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>James, Nancy</b> 2.3 STREET ADDRESS <b>14 Cypress St., #184</b> 2.4 CITY-ST-ZIP <b>Seagrave Beach, FL 32459</b>			
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>2VPO</b> STREET ADDRESS <b>PETERSON, STEVE</b> CITY-ST-ZIP <b>33 SUNDOWN CT.</b> <b>SANTA ROSA BEACH FL 32459</b>				3.1 TITLE <b>2VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>Pascale, Catherine</b> 3.3 STREET ADDRESS <b>11 Beachside Drive, #1232</b> 3.4 CITY-ST-ZIP <b>Seagrave Beach, FL 32459</b>			
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>1VPD</b> STREET ADDRESS <b>SCHROEDER, D.L.</b> CITY-ST-ZIP <b>258 PARK PLACE</b> <b>PANAMA CITY BEACH FL 32413</b>				4.1 TITLE <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>Weaver, Lou</b> 4.3 STREET ADDRESS <b>315 Pelican Circle</b> 4.4 CITY-ST-ZIP <b>Panama City Beach, FL 32413</b>			
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>SHORTTRIDGE, ELIZABETH</b> CITY-ST-ZIP <b>198 CENTER AVE.</b> <b>SANTA ROSA BEACH FL 32459</b>				5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>Fraser, Joan</b> 5.3 STREET ADDRESS <b>154 W. Park Place Av.</b> 5.4 CITY-ST-ZIP <b>Panama City Beach, FL 32413</b>			
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>WEST, GLENN</b> CITY-ST-ZIP <b>21 BAY HAVEN CT.</b> <b>DESTIN FL 32541</b>				6.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <b>Fraser, Roger</b> 6.3 STREET ADDRESS <b>154 W. Park Place Av.</b> 6.4 CITY-ST-ZIP <b>Panama City Beach, FL 32413</b>			

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.

SIGNATURE: Edgar M. Belcher, Jr. 4/28/99 850-231-1626  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)