

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0007200

DOCUMENT # N96000003113

1. Entity Name

SOUTH WALTON COMMUNITY COUNCIL, INC.

04-02-2002 90901 018 ****61.25

Principal Place of Business

Mailing Address

**14 CYPRESS STREET
 UNIT 184
 SANTA ROSA BEACH FL 32459
 US**

**P.O. BOX 1661
 SANTA ROSA BEACH FL 32459
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405269

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES, NANCY
 14 CYPRESS ST
 UNIT 184
 SANTA ROSA BEACH FL 32459**

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **BELCHER, EDGAR M JR.**
 STREET ADDRESS **14110 HWY 331 SOUTH**
 CITY-ST-ZIP **FREESPORT FL 32459**

TITLE **TD** Change Addition
 NAME **Richard Fowlkes**
 STREET ADDRESS **66 Sand Dunes Rd**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459-5118**

TITLE **SD** Delete
 NAME **KRASKA, BEVERLY**
 STREET ADDRESS **118 LAKE POINTE**
 CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **JAMES, NANCY**
 STREET ADDRESS **14 CYPRESS STREET UNIT 184**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **1VD** Delete
 NAME **HIGGINS, BILL**
 STREET ADDRESS **8700 E CO HWY 30A**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **2VD** Change Addition
 NAME **Bill Higgins**
 STREET ADDRESS **8700 E. Co. Hwy 30A**
 CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE **D** Delete
 NAME **STAFFORD, LYN C**
 STREET ADDRESS **259 CENTER AVENUE**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **VD** Change Addition
 NAME **Tom McGee**
 STREET ADDRESS **383 Lakeview Dr.**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **D** Delete
 NAME **WIEDRICH, BARBARA**
 STREET ADDRESS **39 CAMP CREEK ROAD S**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Richard J. Fowlkes* **Richard J. Fowlkes** 3-26-02 850-267-3539
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)