


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90294 049 ****61.25

DOCUMENT # N96000003113

1. Entity Name
SOUTH WALTON COMMUNITY COUNCIL, INC.



Principal Place of Business
**14 CYPRESS STREET
UNIT 184
SANTA ROSA BEACH FL 32459
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3405269** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ID	<input type="checkbox"/> Delete
NAME	FOWLKES, RICHARD	
STREET ADDRESS	66 SAND DUNES ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459-5118	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KRASKA, BEVERLY	
STREET ADDRESS	118 LAKE POINTE	
CITY-ST-ZIP	SEAGROVE BEACH FL 32459	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, NANCY	
STREET ADDRESS	14 CYPRESS STREET UNIT 184	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	HIGGINS, BILL	
STREET ADDRESS	8700 E CO HWY 30A	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGEE, TOM	
STREET ADDRESS	383 LAKEVIEW DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIEDRICH, BARBARA	
STREET ADDRESS	39 CAMP CREEK ROAD S	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Board member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James, Nancy	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGee, Tom	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1 VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Page, Anita	
STREET ADDRESS	P.O. Box 2013	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	

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 D. Fowlkes* (Richard D. Fowlkes) 4-30-03 850-267-3539

CR2E037 (10/02)