

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90120 037 ****70.00

2591552

DOCUMENT # N99000005574

1. Entity Name

CARRABELLE LIGHTHOUSE ASSOCIATION, INC.

Principal Place of Business

1975 Hwy 98 West
 702 S.E. AVE. B
 CARRABELLE FL 32322

Mailing Address

P.O. BOX 373
 CARRABELLE FL 32322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1975 Hwy 98 West

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **39 3588484**
APPLIED FOR

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

REVELL, BARBARA
2820 HWY. 98 EAST
CARRABELLE FL 32322

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

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

BARBARA REVELL
 (NOTE: Registered Agent signature required when reinstating)

1-24-02
 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	DP	<input type="checkbox"/> Delete
NAME	REVELL, BARBARA	
STREET ADDRESS	2820 HWY 98 E	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHIELDS, MARY ANN	
STREET ADDRESS	P.O. BOX 873	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEPHENSON, BONNIE	
STREET ADDRESS	P.O. BOX 373	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEDRICK, ELIZ	
STREET ADDRESS	P.O. BOX 373	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara Revell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 850-697-2585
 Date Daytime Phone #

CR2E037 (9/01)