FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

N20424

(0)

ST. GEORGE ISLAND CHARITY COOK-OFF AUCTION, INC.

5											
Principal Place of Business Mailing Address								* 100**********************************		'A'' B'O'' G'B'' B'G'' X	
			CR BOX 208 10 BAYSHORE DR T. GEORGE ISLAND FL 32328								
							3.	Date Incorporated or Qualifie 05/01/1987	d 3a	Date of Last R 02/14/19	
2. Principal P	lace of Business	2a. Mail 26	ing Address				4.	FEI Number 59-2915451			oplied For ot Applicable
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	θ		& State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Zip Country				8.	This corporation has liability for			
24	25 29 3			30	0			Florida Statutes Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					red Agent	
					81	Name					
ARNOLD, HARRY K. BAYSHORE DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)				table)		
	PRGE ISLAND #1				83			······································		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	DINT FL 32328	1		l	84	City			<u>-</u>	FI ()	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to office or registered agent of both, in the State of Florida. Such triange was authoragent. I am familiar with and accept the obligations of, Section 617.0503, Florida SICNATURE.						e-named co the corpo	corporation oration's l	n submits this statement for the poard of directors. I hereby acc	e purpor cept the	se of changing it appointment as	is registered registered
SIGNATURE											
12.	Signature, typed ox printed name of registered ag OFFICERS AN				i Age	ent signature re			DA	*****	20 (N. 40
TITLE	PD PD	ND DINECTOR	DELETE	13.	rı F	т		ADDITIONS/CHANGES TO OF	ricens	Change	Addition
NAME	ARNOLD, HARRY K.			1.2 NA							La rodition
STREET ADDRESS	241 E HARRISON ST.					ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32301					IT-ZIP	·				
TITLE	TD		DELETE	2 1 TiT						☐ Change	Addition
NAME	CATES, GARY W.			2.2 NA	ME						
STREET ADDRESS	HCR BOX 208 N/A			23 ST	REET	ADDRESS					
CITY - S1 - ZIP	ST. GEORGE FL 32328					ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE	VD		☐ DELETE	3.1 TIT						Change	Addition
NAME	GUNN, OLLIE			3.2 NA							
STREET ADDRESS	HCR BOX 69 N/A St. George Island FL 32	220				ADDRESS					
CITY - ST - ZIP TITLE	SD SD	320	DELETE	3.4. CI 4.1 Til		ST - ZiP		''''		Change	Addition
NAME	EDMISTON, H L			4.2 N		Ì				C Change	L. Hadioon
STREET ADDRESS	PO BOX 298 NA			1		ADDRESS		•			
CITY-ST-ZIP	APALACHICOLA FL			4.4 Ci							
TITLE	FC		DELETE	5.1 Til					',	☐ Change	Addition
NAME	ABBOTT, JAY W			5 2 NA	ME						
STREET ADDRESS	HCR BOX 165 N/A			5.3 ST	AEET	ADDRESS					
CITY - S1 - ZIP	ST. GEORGE ISLAND FL 32	328		5.4 CI	TY-S	I - ZIP					
TITLE			DELETE	6.1 Ti	ΙŁΕ					☐ Change	Addition
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 ST	REET	ADDRESS					

14. I do 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 in the exemption stated 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 charged, or on an attachment with an address.