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FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22126** (9)

1. Corporation Name

BARRIER DUNES-SEACLIFFS SEWAGE TREATMENT FACILITY, INC.

Principal Place of Business

Mailing Address

**C/O DENNIS WEAVER
H C 1 BOX 220
PORT ST JOE FL 32456**

**C/O COSTINS BOOKKEEPING
224 REID AVENUE
PORT ST JOE FL 32456-1824**



3. Date Incorporated or Qualified **08/19/1987** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSTIN, CHARLES A.
413 WILLIAMS AVENUE
PORT ST. JOE FL 32456**

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	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DENNIS	1.2 NAME	
STREET ADDRESS	H C 1 BOX 220	1.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, III, O.W.	2.2 NAME	
STREET ADDRESS	113 N MADISON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32353	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JEAN	3.2 NAME	
STREET ADDRESS	COUNTY RD 55	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAVO GA 31778	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DEN EYNDE, PETER	4.2 NAME	
STREET ADDRESS	3175 COUNTRY CLUB RESORT	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNASAW GA 30144	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jerald Coleman
STREET ADDRESS		5.3 STREET ADDRESS	3305 CORKICK CT.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE		6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MARK CONNER
STREET ADDRESS		6.3 STREET ADDRESS	7118 Beechnidge Trail
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee FL 32312

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 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.

SIGNATURE

[Signature]

2-11-97 PAVO 32312

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