

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:00

DOCUMENT # **702793** (1)  
1. Corporation Name  
**ELLIOTT'S POINT CHANNEL ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**372 GARDNER DRIVE FT WALTON BCH FL 32548** **372 GARDNER DRIVE FT WALTON BCH FL 32548**

3. Date Incorporated or Qualified **08/17/1961** 3a. Date of Last Report **02/11/1994**  
4. FEI Number **59-1803952** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**THOROUGH, DOE G. 372 GARDNER DRIVE FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Do G. Thorough* **1/23/95**  
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	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUSSIER, ED</b>	1.2 NAME	
STREET ADDRESS	<b>382 GARDNER DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LECOMPTÉ, ROGER</b>	2.2 NAME	
STREET ADDRESS	<b>80 LAURIE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOROUGH, DOE G.</b>	3.2 NAME	
STREET ADDRESS	<b>372 GARDNER DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILLMAN, MARK</b>	4.2 NAME	
STREET ADDRESS	<b>74 LAURIE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILES, VERNON H.</b>	5.2 NAME	
STREET ADDRESS	<b>350 GARDNER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOROUGH, JEROME</b>	6.2 NAME	
STREET ADDRESS	<b>372 GARDNER</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registered agent 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 amendment with an address.

SIGNATURE: *Do G. Thorough* **DOE G. THOROUGH** (904) 243-7036  
Signature and typed or printed name of filing officer or director Date (Day/Mo/Yr)

1995

ADDITIONAL DIRECTORS

ELLIOTT'S POINT CHANNEL ASSOCIATION, INC.

372 GARDNER DRIVE

FORT WALTON BEACH, FL. 32548

7. D  
SCOTT., JOHN  
78 LAURIE DRIVE  
FORT WALTON BEACH, FLORIDA 32548

8. D  
CRAMER., WILLIAM P.  
330 SUDDUTH COURT  
FORT WALTON BEACH, FLORIDA 32548