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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725513

1. Corporation Name

SHADDAI TEMPLE BUILDING ASSOCIATION, INC.

Principal Place of Business

1101 W 19TH ST
PO BOX 16115
PANAMA CITY FL 32406-6115

Mailing Address

1101 W 19TH ST
PO BOX 16115
PANAMA CITY FL 32406-6115



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/09/1973

4. FEI Number

59-2477193

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

9. Name and Address of Current Registered Agent

GASKIN, DAVID C
WEWAHITCHKA ST. BANK BLDG-MAIN ST
P O BOX 185
WEWAHITCHKA FL 32465

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 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

TITLE ☐ DELETE
NAME D
STREET ADDRESS CAZENAIVE, FRED F SR
CITY-ST-ZIP 124 GRAND HERON DRIVE
PANAMA CITY BEACH FL

TITLE ☒ DELETE
NAME S
STREET ADDRESS MCGHEE, MARION J
CITY-ST-ZIP 211 SUKOSHI DRIVE
PANAMA CITY FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS PARKS, WILLIAM R
CITY-ST-ZIP 2411 W 33RD ST
PANAMA CITY FL

TITLE ☐ DELETE
NAME T
STREET ADDRESS CHURCHWELL, H P
CITY-ST-ZIP 100 HERON TURN
PANAMA CITY BEACH FL

TITLE ☒ DELETE
NAME PD
STREET ADDRESS LUPPINO, FRANK
CITY-ST-ZIP P. O. BOX 8097 N/A
SOUTHPORT FL

TITLE ☒ DELETE
NAME VP
STREET ADDRESS BAAS, H. RON
CITY-ST-ZIP 1808 NEW JERSEY AVENUE
SOUTH PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME RONALD R. MILLER
2.3 STREET ADDRESS 807 MARYWOOD DRIVE
2.4 CITY-ST-ZIP Panama City, FL 32405

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME BILL A GRIFFITH
5.3 STREET ADDRESS 2017 willowbend lane
5.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME DAVE MITCHELL
6.3 STREET ADDRESS 4542 Bollinger Road
6.4 CITY-ST-ZIP Panama City FL 32404

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99

850-769-8303

Date

Daytime Phone #

CR25037 (11/98)