

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **733284** (4)
1. Corporation Name
FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION, INC.



Principal Place of Business: **864 EAST PARK AVENUE TALLAHASSEE FL 32301**
Mailing Address: **864 EAST PARK AVENUE TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified: **07/11/1975**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1876345**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **TAIT, STAN 864 EAST PARK AVENUE TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent Signature required for incorporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TERRY, JAMES B. 315 COURT ST. CLEARWATER FL	1.1 TITLE	DIRECTOR
NAME		1.2 NAME	STEVE HIGGINS
STREET ADDRESS		1.3 STREET ADDRESS	218 S.W. 1ST AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	P TAIT, STANLEY L. 864 E PARK AVE TALLAHASSEE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MCLOUTH, MALCOLM 8680 N. ATLANTIC AVE CAPE CANAVERAL FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NORTON, DEBBIE P.O. DRAWER 1208 N/A PENSACOLA BEACH FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CP FLYNN, BRIAN 33 SW 2ND AVE., #300 MIAMI FL 33130	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VC CLINGER, ROBERT 1406 OXFORD LANE BOYNTON BCH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Stanley L. Tait* 1/30/96 (904) 222-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)