## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 733284

(4)

## FLORIDA SHORE AND BEACH PRESERVATION ASSOCIATION

Principal Place of Business Mailing Address 864 EAST PARK AVENUE 864 EAST PARK AVENUE TALLAHASSEE FL 32301-2621 TALLAHASSEE FL 32301 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1996 07/11/1975 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1876345 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution П Added to Fees 23 28 Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TAIT, STAN 82 Street Address (P.O. Box Number is Not Acceptable) 864 EAST PARK AVENUE 83 TALLAHASSEE FL 32301 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETÉ Addition TITLE 1.1 TITLE HIGGINS, STEVE 1.2 NAME NAME 218 SW 1ST STREET 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP □ D€LETE ☐ Change Addition TITLE 2.1 TITLE TAIT. STANLEY L. 22 NAME NAME 864 E PARK AVE 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE MCLOUTH, MALCOLM 32 NAME NAME 8680 N. ATLANTIC AVE 3.3 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE D NORTON, DEBBIE 4 2 NAME NAME P.O. DRAWER 1208 N/A STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA BEACH FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE FLYNN, BRIAN 5.2 NAME NAME 33 SW 2ND AVE., #300 5.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33130** 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition CHINGER, ROBERT 6.2 NAME NAME (406 OXFORD LANE **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

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

SIGNATURE:

appears in Block 12 or Block 13 if changed,

CITY - ST - ZIP

or egran attachment with an address.

**FILED** 

Feb 07 1997 8:00am

Secretary of State