

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754418** (2)
1. Corporation Name
APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.

Principal Place of Business 18 GULF BREEZE CT. CRAWFORDVILLE FL 32327	Mailing Address 18 GULF BREEZE CT. CRAWFORDVILLE FL 32327
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3. Date Incorporated or Qualified 09/20/1980	
4. FEI Number 59-2928401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1557 Shell Point Rd Suite, Apt. #, etc. 22 City & State 23 Crawfordville, FL Zip Country 24 32327-4630 25 Wakulla	2a. Mailing Address 26 1557 Shell Point Rd Suite, Apt. #, etc. 27 City & State 28 Crawfordville, FL Zip Country 29 32327-4630 30 Wakulla
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINNEBREW, T.N.
~~18 GULF BREEZE CT.~~ **3212 SPRINGDALE DR**
~~CRAWFORDVILLE FL 32327~~ **TALLAHASSEE, FL 32312**

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN ROBERT M	1.2 NAME	W. ANDY WOOLINGTON
STREET ADDRESS	112 ROYSTER DR	1.3 STREET ADDRESS	24 MATHERS FARM RD, CRAWFORDVILLE
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	FL 32327
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREFZGER, EMIL A	2.2 NAME	JODY CAMPBELL
STREET ADDRESS	62 JANET DR.	2.3 STREET ADDRESS	121 ROYSTER DRIVE
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREFZGER EMILA	3.2 NAME	SHERRIE D. ALVERSON
STREET ADDRESS	62 JANET DR	3.3 STREET ADDRESS	19 ALVERSON WAY
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327-4630
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPION A LYNNE	4.2 NAME	JIMMIE DOYLE
STREET ADDRESS	4 KIRKLAND DR	4.3 STREET ADDRESS	40 CARROLL DR
CITY-ST-ZIP	CRAWFORDVILLE FL	4.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENAU JACK C	5.2 NAME	
STREET ADDRESS	1177 OLD FORT DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVERSON SHERRIE	6.2 NAME	ROBERT M. MORGAN
STREET ADDRESS	19 ALVERSON WAY	6.3 STREET ADDRESS	112 ROYSTER DRIVE
CITY-ST-ZIP	CRAWFORDVILLE FL	6.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

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.

SIGNATURE: *Sherrie Alverson*
Sherrie Alverson

14 MAR 98

CR25037 (10/97)