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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758651** (4)

1. Corporation Name

JOHN'S PASS SEAFOOD FESTIVAL, INC.



Principal Place of Business

Mailing Address

**12957 GULF BLVD E
MADEIRA BEACH FL 33708
US**

**12957 GULF BLVD E
MADEIRA BEACH FL 33708-2656
US**

3. Date Incorporated or Qualified **06/04/1981** 3a. Date of Last Report **05/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 150-128th Ave, W.

26 150-128th Ave, W.

4. FEI Number
59-2858359

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

22 Madeira Beach

27 Madeira Beach

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23 33708

28 33708

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAWNER, LYN
12957 GULF BLVD E
MADEIRA BEACH FL 33708**

**81 Kathleen H. McDole
82 150-128th Ave W.
83 Madeira Beach, FL 33708
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 617.0502, Florida Statutes.

SIGNATURE **Kathleen H. McDole** DATE **6-19-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Pres-D
NAME	BRAWNER, LYN	1.2 NAME	McDole, Kathleen H.
STREET ADDRESS	12957 GULF BLVD E	1.3 STREET ADDRESS	150-128th Ave W
CITY-ST-ZIP	MADEIRA BEACH FL	1.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	VO	2.1 TITLE	Vice-Pres D
NAME	MCLEAN, MICHAEL K	2.2 NAME	McAbee, Ronald
STREET ADDRESS	208 JOHNS PASS BOARDWALK	2.3 STREET ADDRESS	12901 Dilline Blvd
CITY-ST-ZIP	MADEIRA BEACH FL	2.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708
TITLE	SD	3.1 TITLE	Soc Sec
NAME	MCDOLE, KATHLEEN H.	3.2 NAME	Joanne
STREET ADDRESS	150-128TH AVE W	3.3 STREET ADDRESS	224 Boardwalk Place
CITY-ST-ZIP	MADEIRA BEACH FL	3.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	TD	4.1 TITLE	
NAME	MAGADEY, PETER	4.2 NAME	
STREET ADDRESS	13015 GULF BLVD E	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 does not qualify for the exemption stated in Section 119.07(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 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.

CR2E037 (9/96)