FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765092 (2)

1. Corporation Name

THE FLORIDA PANHANDLE CHAPTER OF THE NINETY-NINE S, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
NINES, INC. (THE) 735 INDIAN TRAIL DESTIN FL 32541	NINES, INC. (THE) 735 INDIAN TRAIL DESTIN FL 32541

3. Date Incorporated or Qualified: 09/16/1982
3a. Date of Last Report: 01/21/1994

4. FEI Number: 94-2495659 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 3815 INDIAN TRAIL	Suite, Apt. #, etc. 27 3815 INDIAN TRAIL
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

BIELE, FRANCES R.
735 INDIAN TRAIL
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3815 INDIAN TRAIL

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	AUSTIN, LOUISE	12 NAME	SHELLY HUDSON	
STREET ADDRESS	P.O. BOX 387 N/A	13 STREET ADDRESS	304 SYLVAN DRIVE	
CITY-ST-ZIP	LLOYD FL	14 CITY-ST-ZIP	ENTERPRISE, AL 36330	
TITLE	TD	21 TITLE		☒ Change ☐ Addition
NAME	BIELE, FRANCES R	22 NAME		
STREET ADDRESS	735 INDIAN TRAIL	23 STREET ADDRESS	3815 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	DESTIN FL 32541-1809	
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	HILTON, DIANA R	32 NAME		
STREET ADDRESS	24 BLENHEIM DR	33 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL	34 CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 the 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: Frances R. Biele FRANCES R. BIELE 25 APR 95 (904) 837-8664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071034