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Jun 19 1997 8:00am
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 # 770826 (6)

1. Corporation Name

PRIVATE INDUSTRY COUNCIL OF OKALOOSA, SANTA ROSA, AND WALTON COUNTY CONSORTIUM INC.

Principal Place of Business

Mailing Address

A ROSA. AND WALTON COUNTY CONSORTIUM INC.
109 8TH AVENUE
SHALIMAR FL 32579

A ROSA. AND WALTON COUNTY CONSORTIUM INC.
109 8TH AVENUE
SHALIMAR FL 32579-1424

3. Date Incorporated or Qualified **10/19/1983** 3a. Date of Last Report **07/19/1996**

2. Principal Place of Business 21 **1976 Lewis Turner Blvd** 2a. Mailing Address 26 **1976 Lewis Turner Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State 23 **Ft. Walton Bch, FL** 27 City & State 28 **Ft. Walton Bch, FL**

Zip

Country

Zip

Country

24 **32547** 25 **USA** 29 **32547** 30 **USA**

4. FEI Number **59-2326926** 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

10. Name and Address of New Registered Agent

CRAWFORD, MARGE
SEAGROVE ON THE BEACH
RT 1 BOX 3840
SANTA ROSA BEACH FL 32549

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 *Marge Crawford* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEBLES, BILL W. J	1.2 NAME	Fleet, Robert G.
STREET ADDRESS	331 VICTORIA	1.3 STREET ADDRESS	71 1st Ct.
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	8 D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MARGE	2.2 NAME	
STREET ADDRESS	SEAGROVE ON THE EBACH RT 1 BOX 3840	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	8 D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLIN, CHARLES	3.2 NAME	
STREET ADDRESS	120 LOWERY PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHENRY, JAMES	4.2 NAME	
STREET ADDRESS	11 E NELSON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JUDY BRYNE	5.2 NAME	
STREET ADDRESS	PO BOX 8	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGES, RAYMOND	6.2 NAME	
STREET ADDRESS	603 CANAL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Marge Crawford* *Robert G. Fleet* *James M. Henry* *Judy Bryne Riley* *Raymond Roges*

CR2E037 (9/96)