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FILED
May 12 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 # 770826 (6)

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



Principal Place of Business 1876 LEWIS TURNER BLVD FT WALTON BCH FL 32547 US	Mailing Address 1876 LEWIS TURNER BLVD FT WALTON BCH FL 32547 US
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3. Date Incorporated or Qualified
10/19/1983

4. FEI Number
59-2326926

Applied For
 Yes Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Georgene Scott

82 Street Address (P.O. Box Number is Not Acceptable) 14 WALNUT AVE.

83

84 City Shalimar, FL 85 Zip Code 32579

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 *Georgene Scott* **Georgene Scott Executive Director 4/27/98**

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

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME FLEET, ROBERT G	
STREET ADDRESS 71 1ST CT	
CITY-ST-ZIP SANTA ROSA BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CRAWFORD, MARGE	
STREET ADDRESS SEAGROVE ON THE EBACH RT 1 BOX 3840	
CITY-ST-ZIP SANTA ROSA BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME APLIN, CHARLES	
STREET ADDRESS 120 LOWERY PL	
CITY-ST-ZIP FT. WALTON BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OFFICER/EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME GEORGENE SCOTT	
1.3 STREET ADDRESS 14 WALNUT AVENUE	
1.4 CITY-ST-ZIP SHALIMAR, FL 32579	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Georgene Scott* **Georgene Scott 4/27/98 850-812-5106**

CP2E037 (10/97)