

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000881

**FILED**  
**Feb 25, 2004**  
**Secretary of State****Entity Name:** SOUTH WALTON TURTLE WATCH GROUP, INC.**Current Principal Place of Business:**74 BIRCH ST.  
FREEPORT, FL 32439**New Principal Place of Business:****Current Mailing Address:**74 BIRCH ST.  
FREEPORT, FL 32439**New Mailing Address:****FEI Number:** 42-1529341**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MAXWELL, SHARON  
74 BIRCH ST.  
FREEPORT, FL 32439 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** MAXWELL, SHARON  
**Address:** 74 BIRCH ST.  
**City-St-Zip:** FREEPORT, FL 32439**Title:** D ( ) Delete  
**Name:** MAGEE, PATRICIA E  
**Address:** PO BOX 1347  
**City-St-Zip:** DESTIN, FL 32540**Title:** D ( ) Delete  
**Name:** MURPHY, AL  
**Address:** 117 GULFVIEW DR.  
**City-St-Zip:** PANAMA CITY BEACH, FL 32413**Title:** D ( ) Delete  
**Name:** CULLING, GAIL  
**Address:** 2668 E. HWY. 30A  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459**Title:** D ( ) Delete  
**Name:** GODBOLD, TOM  
**Address:** PO BOX 2157  
**City-St-Zip:** SANTA ROSA BEACH, FL 32439**Title:** T ( ) Delete  
**Name:** WADDINGTON, DAWN  
**Address:** 427 PELICAN BAY DR  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** RATCLIFFE, DAWN  
**Address:** 427 PELICAN BAY DR  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN RATCLIFFE

T

02/25/2004

Electronic Signature of Signing Officer or Director

Date