
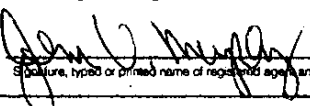
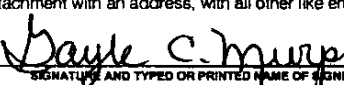


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 034 ****61.25

DOCUMENT # N04755 1. Entity Name CAPE SHOALS ASSOCIATION, INC.					
Principal Place of Business 415 S W ST BAINBRIDGE, GA 39819			Mailing Address POB 1026 BAINBRIDGE, GA 39818		
2. Principal Place of Business - No P.O. Box # 180 martinique Drive Suite, Apt. #, etc. Port St. Joe, FL City & State		3. Mailing Address 180 Martinique Drive Suite, Apt. #, etc. Port St. Joe, FL City & State			
Zip 32456 Country USA		Zip 32456 Country USA		4. FEI Number 59-2882242 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08202008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent LAMBERT, WAYNE W JR 6113 NASSAU LN PORT SAINT JOE, FL 32456			7. Name and Address of New Registered Agent Name John V. Murphy Street Address (P.O. Box Number is Not Acceptable) 180 Martinique Drive City Port St. Joe FL Zip Code 32456		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  John V. Murphy/ President <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>				8/25/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LAMBERT, WAYNE JR 415 S WEST ST BAINBRIDGE, GA 39819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD murphy, John V. (Asst-S) 180 martinique Drive Port St. Joe, FL 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAMBERT, WAYNE JR 415 S WEST ST BAINBRIDGE, GA 39819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD murphy, Gayle C. 180 martinique Drive Port St. Joe, FL 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD LAMBERT, WAYNE W JR 415 S WEST ST BAINBRIDGE, GA 39819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD murphy, Gayle C. 180 martinique Drive Port St. Joe, FL 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Gayle C. Murphy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/25/08 (850) 229-6635 <small>Date Daytime Phone #</small>	