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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30277

1. Corporation Name

PASTEL SOCIETY OF NORTH FLORIDA, INC.

Principal Place of Business

2991 HWY 98 W
MARY ESTHER FL 32569
US

Mailing Address

P O BOX 5133
FT WALTON BCH FL 32549
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/19/1989

4. FEI Number

59-2964610

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

9. Name and Address of Current Registered Agent

SIMPSON, MARILYN
ROUTE 1 BOX 43 C 2991 Hwy. 98 West
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

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

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** ☒ DELETE
NAME **FINDLEY, PAULINE**
STREET ADDRESS **228 HAWTHORNE**
CITY-ST-ZIP **FT WALTON BCH FL**

TITLE **D** ☐ DELETE
NAME **MURPHY, PAULA**
STREET ADDRESS **200 W MIRACLE STRIP PKWY APT J801**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **D** ☐ DELETE
NAME **MONTANA, GWEN**
STREET ADDRESS **2652 EDGEWATER DRIVE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **D** ☐ DELETE
NAME **FEW, JIM**
STREET ADDRESS **22 KOHLER DR. 9620 Sunnybrook Ln.**
CITY-ST-ZIP **MARY ESTHER FL Navarre, FL 32566**

TITLE **D** ☐ DELETE
NAME **DAVIS, MARY C.**
STREET ADDRESS **10 HILL CREST**
CITY-ST-ZIP **SHALMAR FL**

TITLE ☐ DELETE
NAME **Marilyn Simpson**
STREET ADDRESS **2991 Hwy. 98 W.**
CITY-ST-ZIP **Mary Esther, FL 32569**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Cecile Howser**
1.3 STREET ADDRESS **216 Casper Dr.**
1.4 CITY-ST-ZIP **Ft. Walton Bch. FL 32548**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Millie Gliniecki**
2.3 STREET ADDRESS **P.O. Box 186**
2.4 CITY-ST-ZIP **Cascade, Va. 24069**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Marilyn Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-99 (850) 581-2550
Date Daytime Phone #

CR2E037 (11/98)