

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N30277**

1. Entity Name

PASTEL SOCIETY OF NORTH FLORIDA, INC.



**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2964610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, MARILYN  
2991 HWY 98 W.  
MARY ESTHER FL 32569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME WHITTAKER, LINDA  
STREET ADDRESS 305 VAUGHAN ST  
CITY-ST-ZIP FT WALTON BCH FL 32548

TITLE ☐ Delete  
NAME MURPHY, PAULA  
STREET ADDRESS 2200 W. MIRACLE STP PK#8)1  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete  
NAME CHESTER, CRIS  
STREET ADDRESS 9 COUNTRY CLUB RD.  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Delete  
NAME FEW, JIM  
STREET ADDRESS 9620 SUNNYBROOK LN  
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ Delete  
NAME HODGES, PEGGY  
STREET ADDRESS 4479 TURNBERRY RD  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Delete  
NAME SIMPSON, MARILYN  
STREET ADDRESS 2991 HWY 98 W.  
CITY-ST-ZIP MARY ESTHER FL 32569

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000039812  
CITY-ST-ZIP 02/09/04-80022-003 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Linda Whittaker SECRETARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Feb 04 (850) 314-0665  
Date Daytime Phone #