

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42656 (1)

1. Corporation Name

ASSOCIATION FOR THE APALACHEE COASTAL CULTURE AND WILDERNESS AREA, INCORPORATED

Principal Place of Business

Mailing Address

ROUTE 1, BOX 3201
PANACEA FL 32346

ROUTE 1, BOX 3201
PANACEA FL 32346



3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
03/17/1995

2. Principal Place of Business
21 **209 MASHES SAND Rd.**

2a. Mailing Address
26 **209 MASHES SAND Rd.**

4. FEI Number
59-3067193

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22
City & State
23 **Panacea, FL.**

27
City & State
28 **Panacea, FL.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **32346** 25 Country **USA**

29 Zip **32346** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAFFAN, BARRY
RT. 1, BOX 3201
PANACEA FL 32346**

81 Name **BARRY LAFFAN**
82 Street Address (P.O. Box Number is Not Acceptable)
209 MASHES SAND Rd
83
84 City **Panacea** FL 85 Zip Code **32346**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D LAFFAN, BARRY**
STREET ADDRESS **RT. 1, BOX 3201**
CITY-ST-ZIP **PANACEA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **209 MASHES SAND Rd.**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D RUDLOE, JACK**
STREET ADDRESS **P.O. BOX 237 N/A**
CITY-ST-ZIP **PANACEA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D HEPBURN, MARCUS**
STREET ADDRESS **4033 TRALEE RD.**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barry Laffan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

904-984-2895
Daytime Phone #

CR2E037 (12/95)