

FILE NOW: FILING FEE IS \$61.25

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Jun 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42656** (1)

1. Corporation Name

ASSOCIATION FOR THE APALACHEE COASTAL CULTURE AND WILDERNESS AREA, INCORPORATED



Principal Place of Business	Mailing Address
209 MASHES SAND ROAD PANACEA FL 32346 US	209 MASHES SAND ROAD PANACEA FL 32346-2741 US

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

4. FEI Number **59-3067193** 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**

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

9. Name and Address of Current Registered Agent	
LAFFAN, BARRY 209 MASHES SAND ROAD PANACEA FL 32346	

10. Name and Address of New Registered Agent	
81 Name	Joanna A. Mauer
82 Street Address (P.O. Box Number is Not Acceptable)	209 Mashers Sand Rd
83	
84 City	Panacea
85 Zip Code	FL 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 Joanna A. Mauer DATE **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ALPHEA D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFFAN, BARRY	1.2 NAME	Madeline Carr
STREET ADDRESS	209 MASHES SAND ROAD	1.3 STREET ADDRESS	223 Iroquis Rd
CITY-ST-ZIP	PANACEA FL	1.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDLOE, JACK	2.2 NAME	Joanna A. Mauer
STREET ADDRESS	P.O. BOX 237 N/A	2.3 STREET ADDRESS	209 Mashers Sand Rd.
CITY-ST-ZIP	PANACEA FL	2.4 CITY-ST-ZIP	Panacea, FL 32346
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN, MARCUS	3.2 NAME	
STREET ADDRESS	4033 TRALEE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE Joanna A. Mauer DATE **4/30/97** **904-604-500-5**

CR2E037 (9/96)