

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43022

FILED  
May 16, 2010  
Secretary of State

**Entity Name:** CHOCTAW BEACH COMMUNITY CENTER, INCORPORATED

**Current Principal Place of Business:**

126 WATER OAK STREET  
FREEPORT, FL 32439 US

**New Principal Place of Business:**

**Current Mailing Address:**

126 WATER OAK STREET  
FREEPORT, FL 32439 US

**New Mailing Address:**

**FEI Number:** 59-2168050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TOUSSANANT, PETER E  
86 LIVE OAK ST. LOT-2  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COLLINS, STEVEN  
**Address:** 13935 STATE HWY. 20 W  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** T  
**Name:** SHAFFER, DIANE M  
**Address:** 87 LIVE OAK STREET  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** S  
**Name:** DUVAL, JEFF  
**Address:** 73 E. KATHY LANE  
**City-St-Zip:** FREEPORT, FL 32439

**Title:** D  
**Name:** TOUSIGNAUT, PETER  
**Address:** 13792 STATE HWY 20  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** D  
**Name:** LELIERE, ERIKA  
**Address:** 218 LIVEOAK STREET  
**City-St-Zip:** FREEPORT, FL 32439

**Title:** V  
**Name:** LELIERE, PATRIC  
**Address:** 88 WILLOW AVE  
**City-St-Zip:** FREEPORT, FL 32439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN COLLINS

P

05/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date