

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 # **N45603** (0)
1. Corporation Name
SUGAR BEACH SERTOMA, INC.



Principal Place of Business: P.O. BOX 4384 FORT WALTON BEACH FL 32549
Mailing Address: P.O. BOX 4384 FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 10/14/1991
3a. Date of Last Report: 06/21/1995

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-2956758	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3a. Date of Last Report		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees					
City & State		City & State									
Zip	Country	Zip	Country								

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SNELSON, LORI L 1191-A N EGLIN PKWY STE 169 SHALIMAR FL 32579				81 Name	SNELSON - WOLFE, LORI		
				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: *Lori Snelson-Wolfe*, Lori SNELSON-WOLFE Treasurer 2/7/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CAROL	1.2 NAME	
STREET ADDRESS	1409 ARIEL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BCH FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELSON, LORI	2.2 NAME	SNELSON - WOLFE, LORI
STREET ADDRESS	1191-A N EGLIN PKWY STE 169	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL	2.4 CITY - ST - ZIP	32579
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Vice President V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, SUZANNE	3.2 NAME	
STREET ADDRESS	116 DEVILLE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARY ESTHER FL	3.4 CITY - ST - ZIP	32569
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESEY, CAROL	4.2 NAME	
STREET ADDRESS	230 THOMAS CT NW	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT WALTON BCH FL	4.4 CITY - ST - ZIP	32548
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	President P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DUNTON, COLLEEN
STREET ADDRESS		5.3 STREET ADDRESS	PO BOX 1322 N/A
CITY - ST - ZIP		5.4 CITY - ST - ZIP	DESTIN, FL 32540
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 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: *Lori Snelson-Wolfe* 2/7/96 904/863-9437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)