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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

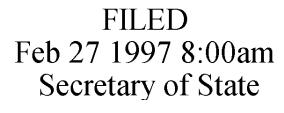
1997 DOCUMENT #

1. Corporation Name

N48203

(6)

HUTCHINSON ISLAND TOURISM DEVELOPMENT COMMITTEE. INC.





Principat Place of Business		Mailing Address		1 10011101 011 01	T I FEBRUAR OU BEBAN INHE KEH ARING INI NGAK AKNI DINU BERKARAN ANDI ANDI ANDI ANDI ANDI ANDI ANDI AN			
1910 NE JENS	EN BEACH BLVD	1910 N.E. JENSEN BEACH						
JENSEN BEAC	H FL 34957	JENSEN BEACH FL 34957-	7236					
บร		US		3. Date Incorporate 04/07/19	od or Qualified 3a.	Date of Last Repor 08/14/1996		
2. Principal P	lace of Business	2a. Malling Address	0 .	4. FEI Number		Applie	d For	
21		26 P.O. BO	x 1291	65-03527	23		plicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Sta	tus Desired	\$8.75 Addi	tional	
22	- W. L	27		o. Certificate of Sig	IOS DESILEO	Fee Requir	ed	
City & State	9	City & State	Rosal t	6. Election Campai	• • —	\$5.00 May	y Be	
23	Country			Trust Fund Contr		Added to Fe		
Zip	Country	^{Zip} 34958	Country	1	has liability for intangil Yes		3.032,	
24	9. Name and Address of Curren		30 3 U.J	Florida Statutes	Yes ress of New Registers			
		ic traditioned region	81 Name	TO, Traine and Addi	oss of team traditions	u Agent		
DITLEN	I MANITANA			· · · · · · · · · · · · · · · · · · ·				
PULLEN, L. WILLIAM 3793 N.E. OCEAN BLVD.			82 Street	Address (P.O. Box Number i	ress (P.O. Box Number is Not Acceptable)			
	E. OCEAN BLVD. I BEACH FL 34957		83					
DENOCI	DENOTITE 04907		ļ. <u>ļ</u>					
			84 City		F	85 Zip Code	8	
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statute	es, the above-named	corporation submits this sta			oistered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a ations of Section 617,0503, Flo	uthorized by the corp	poration's board of directors	I hereby accept the a	ppointment as regi	stered	
1	The state of the s	add 15 51, 500001 617.5000, 110	inda Olalatos.					
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	Registered Agent signature	required when rainstating)	DATE			
12.	OFFICERS AN		13.	ADDITIONS/CHAP	IGES TO OFFICERS A	ND DIRECTORS IN	V 12	
TITLE	DP	DELETE	1.1 TITLE			Change	Addition	
NAME	PULLEN, L. WILLIAM		1.2 NAME					
STREET ADDRESS	3793 N.E. OCEAN BLVD		1.3 STREET ADDRESS					
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP		·			
TITLE	DV	☐ DELETE	2.1 TITLE			Change	_ Addition	
NAME	HAVEN, GRACE		2.2 NAME					
STREET ADDRESS	1910 N.E. JENSEN BEACH B	RLVD	2.3 STREET ADDRESS		17.1		ļ	
CITY-ST-ZIP	JENSEN BEACH FL	☐ DELETE	2. 4 CITY-ST-ZIP					
TITLE	DST	T' DEFEIE	3.1 TITLE			Change	Addition	
NAME DIRECT ADDRESS	ASHBURY, GAY		3.2 NAME				1	
STREET ADDRESS	4392 N.E. OCEAN BLVD.		3.3 STREET ADDRESS				ĺ	
CITY-ST-ZIP TITLE	JENSEN BEACH FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition	
NAME		- vecit	4. 2 NAME			Cit Available C	, AUGRIUTI	
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 City-ST-ZiP					
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME				,	
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 City-ST-ZIP					
TITLE		DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
	w cortifu that the information available	d with this filing does not a Alf	0.4 0(11-01-2)	stad in Caption 110 07(0)(i)	Final de Over de la 14 de			

y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the up and accurate and that my signature shall have the same legal effect as if made under oath; that ered to execute this report as required by Chapter 617, Florida Statutes; and that my name I do hereby cernly that the information supplied with this filing does not quality information indicated on this annual report on supplemental annual report is trull am an officer or director of the corboration of the receiver or trustee employer appears in Block 12 or Block 13 if changed, or on an attachment with an andre

SIGNATURE: