

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N50177** (7)

1. Corporation Name

**MONROE COUNTY CHOWDER & MARCHING SOCIETY POLITIC  
AL COMMITTEE, INC.**

Principal Place of Business

Mailing Address

**1099008 O/S HWY  
KEYLARGO FL 33037  
US**

**6 NORTH DR  
KEYLARGO FL 33037-2917  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1992</b>		3a. Date of Last Report <b>04/26/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0345893</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**STOKY, RUTH C  
6 NORTH DR  
KEY LARGO FL 33037**

81 Name

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

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	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>PERKINS, AL</b>	1.2 NAME	<b>EAGER, GEORGE</b>
STREET ADDRESS	<b>631 WHITHEAD ST</b>	1.3 STREET ADDRESS	<b>325 CALUSA</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	1.4 CITY-ST-ZIP	<b>KEY LARGO, FL 33037</b>
TITLE	<b>TSD</b>	2.1 TITLE	
NAME	<b>STOKY, RUTH C</b>	2.2 NAME	
STREET ADDRESS	<b>6 NORTH DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	
NAME	<b>EAGER, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>325 CALUSA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* **AL PERKINS**

**April 7 1997 305-451-5311**

CR2E037 (9/96)