

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51314 (5)

1. Corporation Name

CAPE SAN BLAS TAXPAYERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CAPE SAN BLAS TAXPAYERS ASSC.
HC1 BOX 326
PT. ST JOE FL 32456
US

CAPE SAN TAXPAYERS ASS
HC1 BOX 326
PT. ST JOE FL 32456
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/15/1992

3a. Date of Last Report

05/25/1994

4. FBI Number

59-3170257

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURRY, THOMAS L
102 WINDWARD STREET
CAPE SAN BLAS FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	MC GEE, WILLIAM
STREET ADDRESS	HC1 BOX 344
CITY - ST - ZIP	PT. ST JOE FL
TITLE	SD
NAME	CURRY, THOMAS
STREET ADDRESS	HC1 BOX 326
CITY - ST - ZIP	PT ST JOE FL
TITLE	TD
NAME	ANDERSON, ANDY
STREET ADDRESS	HC1 BOX 539
CITY - ST - ZIP	PT ST JOE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	Waymire, Lyn
3.4 CITY - ST - ZIP	HC1 Box 562
	PT ST JOE, FL 32456
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	VP
4.3 STREET ADDRESS	Polansky, Nancy
4.4 CITY - ST - ZIP	210 Great Oak Dr
	Atlanta, GA 30605
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(v), 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:

Thomas L. Curry, Secretary

4/25/95

(904) 227-1514