

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 # N92000000715 (4) 13-25-96
1. Corporation Name
COUNCIL OF ECONOMIC ACTIVITY OF SANTA ROSA COUNT
Y, FLORIDA, INC.



Principal Place of Business

Mailing Address

1099 OLD BAGDAD HWY
MILTON FL 32583
US

1099 OLD BAGDAD HWY
MILTON FL 32583
US

3. Date Incorporated or Qualified
11/24/1992

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 5988 Hwy 90, Ste 4231
Suite, Apt. #, etc.

26 same
Suite, Apt. #, etc.

22 City & State
23 Milton, FL

27 City & State
28

24 Zip
32583

25 Country

29 Zip

30 Country

4. FEI Number
NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCUM, RICHARD A
1099 OLD BAGDAD HWY
MILTON FL 32583

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT ☐ DELETE
NAME WORAM, BRYON
STREET ADDRESS 5700 INDUSTRIAL BLVD.
CITY-STATE-ZIP MILTON FL

1.1 TITLE Chairperson ☒ Change ☐ Addition
1.2 NAME Barbara Thames
1.3 STREET ADDRESS PO Box 648 W/A
1.4 CITY-STATE-ZIP Milton, FL 32570

TITLE CT ☐ DELETE
NAME SALTER, DON
STREET ADDRESS 904 DOGWOOD DR. S.W.
CITY-STATE-ZIP MILTON FL

2.1 TITLE Vice-Chair ☒ Change ☐ Addition
2.2 NAME currently vacant
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ST ☐ DELETE
NAME ADAMS, MILLARD F JR
STREET ADDRESS 8052 ARMSTRONG RD.
CITY-STATE-ZIP MILTON FL 32583

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME 7211 Jett
3.3 STREET ADDRESS PO Box 76 W/A
3.4 CITY-STATE-ZIP Pensacola, FL 32592

TITLE VCT ☐ DELETE
NAME BURDEN, JERRY
STREET ADDRESS 200 CAROLINE ST.
CITY-STATE-ZIP MILTON FL

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Ed Nixon
4.3 STREET ADDRESS 600 Stewart St SW
4.4 CITY-STATE-ZIP Milton, FL 32570

TITLE TT ☒ DELETE
NAME ALEXANDER, BACH
STREET ADDRESS 3355 GULFBREEZE PARKWAY, BLDG 0
CITY-STATE-ZIP GULF BREEZE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ed Nixon Sr. Treasurer

3-18-96

904/425-1487

CR2E037 (12/95)