


FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

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

DOCUMENT # **N92000000715 (4)**

1. Corporation Name

COUNCIL OF ECONOMIC ACTIVITY OF SANTA ROSA COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

5988 HWY 90
SUITE 4231
MILTON FL 32583
US

1099 OLD BAGDAD HWY
MILTON FL 32583-8944
US

3. Date Incorporated or Qualified **11/24/1992** 3a. Date of Last Report **03/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5988 Hwy 90

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 Suite 4231

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

Country

28 Milton, FL

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

29 32570

Country

30 U.S.A

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
Anthony Matheny

82 Street Address (P.O. Box Number is Not Acceptable)
5988 Hwy 90

83 Suite 4231

84 City **Milton** FL 85 Zip Code **32583**

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

Anthony R. Matheny
Signature, typed or printed name of registered agent, and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

03/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	THAMES, BARBARA	
STREET ADDRESS	PO BOX 646 N/A	
CITY-ST-ZIP	MILTON FL 32570	

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ed Nixon, Jr. D	
1.3 STREET ADDRESS	600 Stewart Street SW	
1.4 CITY-ST-ZIP	Milton FL 32570	

TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	SALTER, DON	
STREET ADDRESS	904 DOGWOOD DR. S.W.	
CITY-ST-ZIP	MILTON FL	

2.1 TITLE	Part-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Thames D	
2.3 STREET ADDRESS	P-O BOX 646 145D BERRYHILL	
2.4 CITY-ST-ZIP	Milton FL 32572	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, BILL F JR	
STREET ADDRESS	8052 ARMSTRONG RD.	
CITY-ST-ZIP	MILTON FL 32583	

3.1 TITLE	Vice-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tina Hornyak D	
3.3 STREET ADDRESS	5308 Stewart Street	
3.4 CITY-ST-ZIP	Milton FL 32570	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NIXON, ED	
STREET ADDRESS	600 STEWART ST. SW	
CITY-ST-ZIP	MILTON FL 32570	

4.1 TITLE	Secretary S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Julie Terry	
4.3 STREET ADDRESS	P-O BOX 5970 N/A 8680 NAVARRE PKWY	
4.4 CITY-ST-ZIP	Navarre FL 32566	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	Treasurer T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Grover Robinson	
5.3 STREET ADDRESS	P-O BOX 12790 70 N BAYLEN ST	
5.4 CITY-ST-ZIP	Pensacola FL 32575 32501	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: X

Anthony R. Matheny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97 (904) 623-0174
Date Daytime Phone # 0074702

CR2E037 (9/96)