

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 #
1. Corporation Name

N92000000925 (9)

CONCH COALITION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 501785
MARATHON, FLORIDA 33050-1785

P.O. Box 501785
MARATHON, FLORIDA
33050-1785

3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
04/28/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0402651

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

WELLS, MICHELE
3880 Golfview ave.
Marathon, Fla. 33050

81 Name
Usher, Michele Wells

82 Street Address (P.O. Box Number is Not Acceptable)
3880 Golfview Ave.

83

84 City

Marathon,

FL

85 Zip Code
33050

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE YEIDER, DAN (p) ☐ DELETE
NAME 617 51st St. Gulf
STREET ADDRESS Marathon, Fla. 33050
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE V.P. (Deceased) ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME CHAPLIN, BETTEYE
STREET ADDRESS 5190 Overseas Hwy.
CITY-ST-ZIP Marathon, Fla.

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME WELLS, MICHELE
STREET ADDRESS P. O. Box 1094 N/A
CITY-ST-ZIP Marathon, Fla.

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MAYETTE, Clara
STREET ADDRESS 5190 Overseas Hwy.
CITY-ST-ZIP Marathon, Fla. 33050

51 TITLE ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FEDDERN, Gail
STREET ADDRESS 156 Dove Ln.
CITY-ST-ZIP Tavernier, Fla. 33070

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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

Date

Daytime Phone #

4/30/96

305 743 9424

CR2E037 (12/95)