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Apr 21 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 # N92000000925 (9)

1. Corporation Name

CONCH COALITION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 501785
MARATHON FL 33050-1785

P.O. BOX 501785
MARATHON FL 33050-1785



3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
05/01/1996

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 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 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 P
NAME YEIDER, DAN
STREET ADDRESS 617 51ST ST GULF
CITY-ST-ZIP MARATHON FL ☐ DELETE

TITLE VP
NAME CHAPLIN, BETTEYE
STREET ADDRESS 5190 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL ☐ DELETE

TITLE S
NAME USHER, MICHELE
STREET ADDRESS P.O.BOX 1094 N/A
CITY-ST-ZIP MARATHON FL ☐ DELETE

TITLE T
NAME MAYETTE, CLARA
STREET ADDRESS 5190 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL 33050 ☐ DELETE

TITLE D
NAME FEODERN, GAIL
STREET ADDRESS 156 DOVE LN
CITY-ST-ZIP TAVERNIER FL 33070 ☐ DELETE

TITLE D
NAME OVERBECH, HAL
STREET ADDRESS RANGER AVE
CITY-ST-ZIP BIG PINE KEY FL 33043 ☐ DELETE

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 *Clara Mayette* *Clara Mayette* 4/8/97

CR2E037 (9/96)