

**NONPROFIT
CORPORATION
ANNUAL REPORT
2000**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000925

1. Corporation Name
CONCH COALITION, INC.

Principal Place of Business
P.O. BOX 501785
MARATHON FL 33060-1785

Mailing Address
P.O. BOX 501785
MARATHON FL 33060-1785

FILED
00 APR 26 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/18/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0402651	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30		Country	

9. Name and Address of Current Registered Agent

WELLS, MICHELE
3880 GOLFVIEW AVE
MARATHON FL

10. Name and Address of New Registered Agent

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
OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	YEIDER, DAN	
STREET ADDRESS	617 51ST ST GULF	
CITY-ST-ZIP	MARATHON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAPLIN, BETTEYE	
STREET ADDRESS	5190 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	USHER, MICHELE	
STREET ADDRESS	P.O. BOX 1094 N/A	
CITY-ST-ZIP	MARATHON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAMON, BARBARA	
STREET ADDRESS	32723 TORTUGA LANE	
CITY-ST-ZIP	NO NAME KEY FL 33043	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEDDERN, GAIL	
STREET ADDRESS	156 DOVE LN	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OVERBECH, HAL	
STREET ADDRESS	RANGER AVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	600003241396--9
2.1 TITLE	05/05/00-01003-003
2.2 NAME	*****61.25 *****61.25
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	LS
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Bettye Chaplin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bettye Chaplin 4-20-2000

Date
Daytime Phone #

305-743-9424