

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000693

**FILED**  
**Apr 15, 2004**  
**Secretary of State****Entity Name:** THE NORTH GULF COAST CHAPTER OF COMMUNITY ASSOCIATIONS INSTITUTE, INC.**Current Principal Place of Business:**P.O. BOX 5013  
FORT WALTON BEACH, FL 32549**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 5013  
FORT WALTON BEACH, FL 32549**New Mailing Address:****FEI Number:** 59-2137895**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RAYMOND, MARY A  
36 TEMPLE AVE  
FORT WALTON BEACH, FL 32548 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WHITFIELD, RON  
Address: 1333 MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: MADGIC, ANNE  
Address: 348 SW MIRACLE STRIP PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T ( ) Delete  
Name: BALENT, ANGELA  
Address: 45 NE BEAL PKWY  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: S ( ) Delete  
Name: KENAN, DAN  
Address: 940 CREIGHTON ROAD  
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Delete  
Name: SANDERS, JOEY  
Address: 8478 GULF BLVD.  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: HARRIS, SUZANNE  
Address: 1215 CHEVAL LANE  
City-St-Zip: BIRMINGHAM, AL 35216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MADGIC, ANNE  
Address: PO BOX 5013  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D (X) Change ( ) Addition  
Name: IRWIN, JIM  
Address: PO BOX 5013  
City-St-Zip: FORT WALTON BEACH, FL 32549T

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA D. BALENT, CPA

T

04/15/2004

Electronic Signature of Signing Officer or Director

Date