

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000693

FILED
Jul 11, 2007
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:

927 BLACK CREEK BLVD
FREEPORT, FL 32439

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

OWENS, PATRICIA M
927 BLACK CREEK BLVD
FREEPORT, FL 32439 US

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: PATRICIA M. OWENS

07/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IRWIN, JAMES
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: PD () Delete
Name: BALENT, ANGELA
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549T

Title: T () Delete
Name: MAGDIC, ANNE
Address: PO BOX 5013
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: FOWNER, DEBBIE
Address: PO BOX 5013
City-St-Zip: FT.WALTON BEACH, FL 32549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: FOWNER, DEBBIE
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549T

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

Title: S (X) Change () Addition
Name: PERSONS, GLENN
Address: PO BOX 5013
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: VP (X) Change () Addition
Name: HARRIS, HONEY
Address: PO BOX 5013
City-St-Zip: FT.WALTON BEACH, FL 32549

Title: D () Change (X) Addition
Name: WRAY, MIKE
Address: PO BOX 5013
City-St-Zip: FT.WALTON BEACH, FL 32549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEBBIE FOWNER

PRES

07/11/2007

Electronic Signature of Signing Officer or Director

Date