SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001593 (2)**

1. Corporation Name

FRIENDS OF BIG LAGOON/PERDIDO KEY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JAN MANGER 14512 PERDIDO KEY DRIVE PENSACOLA FL 32507	C/O JAN MANGER 14512 PERDIDO KEY DRIVE PENSACOLA FL 32507
c/o SCOTT EGSTAD	c/o SCOTT EGSTAD

3. Date Incorporated or Qualified: 03/29/1994
3a. Date of Last Report: APRIL '94
4. FEI Number: 59-3224820 (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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 1 PAMLICO CIRCLE	26 1 PAMLICO CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL
Zip 24 32507 Country 25 USA	Zip 29 32507 Country 30 USA

9. Name and Address of Current Registered Agent

MANGER, JAN
14512 PERIDIDO KEY DRIVE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

31 Name: SCOTT EGSTAD
32 Street Address (P.O. Box Number is Not Acceptable): 1 PAMLICO CIRCLE
33
34 City: PENSACOLA FL 65 Zip Code: 32507

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: Scott B Egstad — DATE: 7-14-95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☒ Addition
NAME	MANGER, JAN	12 NAME	SCOTT EGSTAD	
STREET ADDRESS	14512 PERDIDO KEY DRIVE	13 STREET ADDRESS	1 PAMLICO CIRCLE	
CITY ST ZIP	PENSACOLA FL 32507	14 CITY ST ZIP	PENSACOLA, FL, 32507	
TITLE	D	21 TITLE	VD	☐ Change ☒ Addition
NAME	ERIS, GRACE K	22 NAME	MARILYN LINDAHL	
STREET ADDRESS	14508 PERDIDO KEY DRIVE	23 STREET ADDRESS	5821 BOB-O-LINK AVE.	
CITY ST ZIP	PENSACOLA FL 32507	24 CITY ST ZIP	PENSACOLA, FL, 32507	
TITLE	VD	31 TITLE	D	☐ Change ☒ Addition
NAME	HAWKINS, ALLAN	32 NAME	DAVID BRESNELL	
STREET ADDRESS	14180 PERDIDO KEY DRIVE	33 STREET ADDRESS	2940 OWEN BELL LANE	
CITY ST ZIP	PENSACOLA FL 32507	34 CITY ST ZIP	PENSACOLA, FL, 32507	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HARWIN, GENE	42 NAME		
STREET ADDRESS	556 TARKLIN OAKS CIRCLE	43 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL 32506	44 CITY ST ZIP		
TITLE	SD	51 TITLE	SD	☐ Change ☒ Addition
NAME	MORGAN, MARTHA A	52 NAME	KATHY BIXEL	
STREET ADDRESS	556 TARKLIN OAKS CIRCLE	53 STREET ADDRESS	11300 SEAGLADE DR.	
CITY ST ZIP	PENSACOLA FL 32506	54 CITY ST ZIP	PENSACOLA, FL, 32507	
TITLE	TD	61 TITLE		☒ Change ☐ Addition
NAME	GILMORE, JOHN	62 NAME		
STREET ADDRESS	5870 GROTTO AVENUE	63 STREET ADDRESS	14020 WATERVIEW DR.	
CITY ST ZIP	PENSACOLA FL 32507	64 CITY ST ZIP		

CR2E037 (3/95)

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)(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: [signature] — 7-12-95 — 534-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

TOM GILMORE - TREASURER/DIRECTOR

0010358