

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001593 (2)

1. Corporation Name

FRIENDS OF BIG LAGOON/PERDIDO KEY, INC.



Principal Place of Business

Mailing Address

C/O SCOTT ESTATES
1 PAMILCO CIRCLE
PENSACOLA FL 32507
US

C/O SCOTT ESTAD
1 PAMILCO CIRCLE
PENSACOLA FL 32507
US

3. Date Incorporated or Qualified
03/29/1994

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **12301 Gulf Breeze Hwy**
Suite, Apt. #, etc.

26 **P.O. Box 34223**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Pensacola FL**
Zip Country

28 **Pensacola FL**
Zip Country

24 **32507**

25 **Escambia**

29 **32507**

30 **Escambia**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTAD, SCOTT
1 PAMILCO CIRCLE
PENSACOLA FL 32507

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESTAD, SCOTT	
STREET ADDRESS	1 PAMILCO CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDALL, MARILYN	
STREET ADDRESS	5821 BOB-O-LINK AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRESHNELL, DAVID	
STREET ADDRESS	2940 OWEN BELL LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARWIN, GENE	
STREET ADDRESS	556 TARKLIN OAKS CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BIXEL, KATHY	
STREET ADDRESS	11300 SEAGLADE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILMORE, JOHN	
STREET ADDRESS	14020 WATERVIEW DR	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathy Bixel	
1.3 STREET ADDRESS	11300 Seaglaides Dr	
1.4 CITY-ST-ZIP	Pensacola FL 32507	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bill Stromquist	
2.3 STREET ADDRESS	7263 Lago Vista Court	
2.4 CITY-ST-ZIP	Pensacola FL 32506	
3.1 TITLE	George Harter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George Harter	
3.3 STREET ADDRESS	14110 River Road	
3.4 CITY-ST-ZIP	Pensacola FL 32507	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jim Patterson	
4.3 STREET ADDRESS	309 Meelin Terrace	
4.4 CITY-ST-ZIP	Pensacola FL 32507	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marsha Noller	
5.3 STREET ADDRESS	14100 River Road C-131	
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	George Harter	
6.3 STREET ADDRESS	14110 River Road A-111	
6.4 CITY-ST-ZIP	Pensacola FL 32507	

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)(k), 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: *Kathy D. Bixel* *Kathleen D Bixel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

452-2601

Date Daytime Phone

CR2E037 (12/95)