

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 Beach Hwy** 26 **P.O. Box 34223**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Pensacola FL** 28 **Pensacola FL**
Zip Country Zip Country
24 **32507** 25 **Escambia** 29 **32507** 30 **Escambia**

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ESTAD, SCOTT
1 PAMILCO CIRCLE
PENSACOLA FL 32507**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTAD, SCOTT	1.2 NAME	Kathy Bixel
STREET ADDRESS	1 PAMILCO CIRCLE	1.3 STREET ADDRESS	11300 Seaglares Dr
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDALL, MARILYN	2.2 NAME	Bill Stromquist
STREET ADDRESS	5821 BOB-O-LINK AVE	2.3 STREET ADDRESS	7263 Lago Vista Court
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	George Harter <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESHNELL, DAVID	3.2 NAME	George Harter
STREET ADDRESS	2940 OWEN BELL LANE	3.3 STREET ADDRESS	1410 River Road
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARWIN, GENE	4.2 NAME	JIM PATTERSON
STREET ADDRESS	556 TARKLIN OAKS CIRCLE	4.3 STREET ADDRESS	309 Merlin Terrace
CITY-ST-ZIP	PENSACOLA FL 32506	4.4 CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIXEL, KATHY	5.2 NAME	MARSHAN DOLLER
STREET ADDRESS	11300 SEAGLADE DR	5.3 STREET ADDRESS	14100 River Road C-131
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, JOHN	6.2 NAME	George Harter
STREET ADDRESS	14020 WATERVIEW DR	6.3 STREET ADDRESS	14110 River Road A-111
CITY-ST-ZIP	PENSACOLA FL	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* **KATHY D BIXEL** 4/29/96 452-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)