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Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001593 (2)
1. Corporation Name
FRIENDS OF BIG LAGOON/PERDIDO KEY, INC.



Principal Place of Business 12301 GULF BEACH HWY 1 PAMUNCO CIRCLE PENSACOLA FL 32507 US	Mailing Address P O BOX 34223 PENSACOLA FL 32507-4223 US
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3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 BIG LAGOON STATE PARK Suite, Apt. #, etc. 22 12301 GULF BEACH HWY City & State 23 Pensacola FL Zip 24 32507	2a. Mailing Address 25 FRIENDS OF BIG LAGOONS Suite, Apt. #, etc. 26 P.O. Box 34223 City & State 27 Pensacola, FL. Zip 28 32507 Country 29 ESCAMBIA	30 ESCAMBIA
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4. FEI Number 59-3224820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ESTAD, SCOTT
1 PAMUNCO 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	85 Zip Code
			FL	

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 **NOT A CHANGE; AGENT'S ADDRESS & PARKS ARE COMBINED ON YOUR FORM**
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	VD <input type="checkbox"/> DELETE
NAME	STROMQUIST, BILL
STREET ADDRESS	7263 LAGO VISTA COURT
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	PATTERSON, JIM
STREET ADDRESS	809 MERLIN TERR
CITY-ST-ZIP	PENSACOLA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BIXEL, KATHY
STREET ADDRESS	11300 SEAGLADE DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HARTER, GEORGE
STREET ADDRESS	14110 RIVER RD A-111
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STROMQUIST, Bill
1.3 STREET ADDRESS	7263 LAGO VISTA CT
1.4 CITY-ST-ZIP	PENSACOLA FL 32506
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARDEE SEKSON
2.3 STREET ADDRESS	11312 GULF BEACH HWY
2.4 CITY-ST-ZIP	PENSACOLA FL 32507
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARY NICHOLS
3.3 STREET ADDRESS	11421 GULF BEACH HWY
3.4 CITY-ST-ZIP	PENSACOLA FL 32507
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARMEL CIARDELLI
4.3 STREET ADDRESS	16107 SINTON DRIVE
4.4 CITY-ST-ZIP	PENSACOLA, FL 32507
5.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARSHA WOLLER
5.3 STREET ADDRESS	213 CLEAR LAKE DRIVE
5.4 CITY-ST-ZIP	PENSACOLA FL 32507
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD HARTER, GEORGE
6.3 STREET ADDRESS	14110 RIVER Rd A-111
6.4 CITY-ST-ZIP	PENSACOLA FL 32507

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)