

FILE NOW: FILING FEE IS \$61.25

FILED

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

DOCUMENT # **N94000001593 (2)**

1. Corporation Name

FRIENDS OF BIG LAGOON/PERDIDO KEY, INC.



Principal Place of Business

Mailing Address

**12301 GULF BEACH HWY
1 PAMUNGO CIRCLE
PENSACOLA FL 32507
US**

**P O BOX 34223
PENSACOLA FL 32507-4223
US**

3. Date Incorporated or Qualified
03/29/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 BIG LAGOON STATE PARK
Suite, Apt. #, etc.

26 FRIENDS OF BIG LAGOON
Suite, Apt. #, etc.

22 12301 GULF BEACH HWY
City & State

27 P.O. Box 34223
City & State

23 Pensacola FL
Zip Country

28 Pensacola, FL.
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

10. Name and Address of New Registered Agent

**ESTAD, SCOTT
1 PAMUNGO 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 **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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **STROMQUIST, BILL**
STREET ADDRESS **7263 LAGO VISTA COURT**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **STROMQUIST, Bill**
1.3 STREET ADDRESS **7263 LAGO VISTA CT**
1.4 CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **VD** ☐ DELETE
NAME **LINDALL, MARILYN**
STREET ADDRESS **5821 BOB-O-LINK AVE**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **MARDEE SEXSON**
2.3 STREET ADDRESS **11312 GULF BEACH HWY**
2.4 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ DELETE
NAME **PRESHNELL, DAVID**
STREET ADDRESS **2940 OWEN BELL LANE**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
3.2 NAME **GARY NICHOLS**
3.3 STREET ADDRESS **11421 GULF BEACH HWY**
3.4 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ DELETE
NAME **PATTERSON, JIM**
STREET ADDRESS **809 MERLIN TERR**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
4.2 NAME **CARMEN CIARDELLIO**
4.3 STREET ADDRESS **16107 SINTON DRIVE**
4.4 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **PD** ☐ DELETE
NAME **BIXEL, KATHY**
STREET ADDRESS **11300 SEAGLADE DR**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE **SECRETARY** ☒ Change ☐ Addition
5.2 NAME **MARSHA NOLLER**
5.3 STREET ADDRESS **213 CLEAR LAKE DRIVE**
5.4 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **TD** ☐ DELETE
NAME **HARTER, GEORGE**
STREET ADDRESS **14110 RIVER RD A-111**
CITY-ST-ZIP **PENSACOLA FL**

6.1 TITLE **TD** ☐ Change ☐ Addition
6.2 NAME **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)