

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004389

FILED
Jan 11, 2005
Secretary of State

Entity Name: FLORIDA SEAPORTS COUNCIL, INC.

Current Principal Place of Business:

502 E JEFFERSON ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

502 E JEFFERSON ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3267382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACAPRA, JOHN R
502 E JEFFERSON ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: STUBBS, WAYNE
Address: 5321 W HIGHWAY 98
City-St-Zip: PANAMA CITY, FL 32401

Title: P () Delete
Name: LACAPRA, JOHN R.
Address: 315 S. CALHOUN ST., STE 712
City-St-Zip: TALLAHASSEE, FL

Title: CD () Delete
Name: MCDONALD, DAVID L
Address: 300 REGAL CRUISE WAY, STE. 1
City-St-Zip: PALMETTO, FL 34221

Title: DVC () Delete
Name: PORTER, CHUCK
Address: 700 SOUTH BARRACKS STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE STUBBS

SD

01/11/2005

Electronic Signature of Signing Officer or Director

Date