

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90029 026 ****61.25

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1. Entity Name

FLORIDA SEAPORTS COUNCIL, INC.



Principal Place of Business

502 E JEFFERSON ST
TALLAHASSEE FL 32301

Mailing Address

502 E JEFFERSON ST
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3267382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACAPRA, JOHN R
502 E JEFFERSON ST
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME STUBBS, WAYNE
STREET ADDRESS 5321 W HIGHWAY 98
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE P ☐ Delete
NAME LACAPRA, JOHN R.
STREET ADDRESS 315 S. CALHOUN ST., STE 712
CITY-ST-ZIP TALLAHASSEE FL

TITLE CD ☐ Delete
NAME MCDONALD, DAVID L
STREET ADDRESS 300 REGAL CRUISE WAY, STE. 1
CITY-ST-ZIP PALMETTO FL 34221

TITLE DVC ☒ Delete
NAME PORTER, CHUCK
STREET ADDRESS 700 SOUTH BARRACKS STREET
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVC ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 502 E. JEFFERSON ST
CITY-ST-ZIP 32301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 TAMPA BAY WAY, STE 1
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Lacapra

1/18/06

850
222-8028