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May 30 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 # N96000001998 (1)

1. Corporation Name

CAPE ST. GEORGE LIGHTHOUSE SOCIETY, INC.



Principal Place of Business

Mailing Address

265 N. WATER ST.
APALACHICOLA FL 32320

265 N. WATER ST.
APALACHICOLA FL 32320-1430

3. Date Incorporated or Qualified
04/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 82 Market Street

26 82 Market Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NA

27 NA

City & State

City & State

23 Apalachicola, FL

28 Apalachicola FL

Zip

Country

Zip

Country

24 32320

25 USA

29 32320

30 USA

4. FEI Number

31-1467426

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, J. KENDRICK
106 E. COLLEGE AVE.
SUITE 900
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME LEE, JOHN F
STREET ADDRESS PO BOX 820
CITY - ST - ZIP APALACHICOLA FL 32329

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS 157 Bay Avenue
1.4 CITY - ST - ZIP Apalachicola, FL 32320

TITLE SD ☐ DELETE

NAME VEST, PATRICIA
STREET ADDRESS 1499 GULF BEACH DR.
CITY - ST - ZIP ST. GEORGE ISLAND FL 32328

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE TD ☐ DELETE

NAME NASH, BRIAN E
STREET ADDRESS 430 BROWNSVILLE RD.
CITY - ST - ZIP APALACHICOLA FL 32320

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D ☐ DELETE

NAME EDWARDS, EDITH
STREET ADDRESS 2 TWELFTH ST.
CITY - ST - ZIP APALACHICOLA FL 32320

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE

NAME MAZET, JEAN
STREET ADDRESS 38 BRIAR CIRCLE
CITY - ST - ZIP GREEN BROOK NJ 08812

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE

NAME MILEY, WOODWARD W
STREET ADDRESS 261 SEVENTH ST.
CITY - ST - ZIP APALACHICOLA FL 32320

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

Brian E Nash REQUIRED

5-23-97

9046538868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 1000000

CR2E037 (9/96)