

FILE NOW: FILING FEE IS \$61.25

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May 06 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 # N96000002204 (3)
1. Corporation Name
COASTAL PLAINS CHAPTER, INC.



Principal Place of Business 500 BAYFRONT PKWY. PENSACOLA FL 32520-0328	Mailing Address 500 BAYFRONT PKWY. PENSACOLA FL 32501-6102
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3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report
4. FEI Number 59-3308127	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. 32520-0328	30. 32520-0328

9. Name and Address of Current Registered Agent

**WATERS, G. DWAIN
500 BAYFRONT PKWY.
PENSACOLA FL 32520-0328**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Steven F. Sharp	
1.3 STREET ADDRESS	8780 Ely Road	
1.4 CITY-ST-ZIP	Pensacola, FL 32514	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cynthia Arnold	
2.3 STREET ADDRESS	600 So. Barracks St., Suite 102	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	G. Dwain Waters	
3.3 STREET ADDRESS	500 Bayfront Parkway	
3.4 CITY-ST-ZIP	Pensacola, FL 32520-0328	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carolyn W. Salmon	
4.3 STREET ADDRESS	160 Governmental Center, Suite 701	
4.4 CITY-ST-ZIP	Pensacola, FL 32501-5794	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dennis M. Mitchell	
5.3 STREET ADDRESS	3520 West Plympton Rd.	
5.4 CITY-ST-ZIP	Laurel Hill, FL 32567	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ronda J. Lee, PH.D.	
6.3 STREET ADDRESS	3101 International Drive, East	
6.4 CITY-ST-ZIP	Mobile, AL 36616	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	7. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Ed O'Connell
STREET ADDRESS		STREET ADDRESS	8205 Scenic Highway, Apt. D
CITY-ST-ZIP		CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input type="checkbox"/> DELETE	8. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	W. Grady Swann
STREET ADDRESS		STREET ADDRESS	3814 West Jackson St.
CITY-ST-ZIP		CITY-ST-ZIP	Pensacola, FL 32505
TITLE	<input type="checkbox"/> DELETE	9. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Ann M. Quillian
STREET ADDRESS		STREET ADDRESS	3000 Old Chemstrand Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Gonzalez, FL 32560-0097
TITLE	<input type="checkbox"/> DELETE	10. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	John D. Meade
STREET ADDRESS		STREET ADDRESS	11 E. Olive Road
CITY-ST-ZIP		CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CP2E037 (9/95)