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**Mar 09, 1999 8:00 am**  
**Secretary of State**

0079517

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

03-09-1999 90132 041 \*\*\*\*61.25

DOCUMENT # **N96000002204**

1. Corporation Name  
**COASTAL PLAINS CHAPTER, INC.**

197104-90132-41

Principal Place of Business  
**3814 TIGER POINT  
 GULF BREEZE FL 32561  
 US**

Mailing Address  
**3814 TIGER POINT  
 GULF BREEZE FL 32561  
 US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	<b>04/23/1996</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>59-3308127</b>
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	<b>\$8.75 Additional Fee Required</b>
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>WATERS, G. DWAIN 3814 TIGER POINT GULF BREEZE FL 32561</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C ARNOLD, CYNTHIA</b>	1.2 NAME	
STREET ADDRESS	<b>600 S BARRACKS ST STE 210</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VC MEADE, JOHN D</b>	2.2 NAME	
STREET ADDRESS	<b>11 E DIVE ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T WATERS, DWAIN G</b>	3.2 NAME	
STREET ADDRESS	<b>3814 TIGER POINT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S RODGERS, VICKY</b>	4.2 NAME	
STREET ADDRESS	<b>345 ANCHORS ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32584</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MITCHELL, DENNIS M</b>	5.2 NAME	
STREET ADDRESS	<b>3520 WEST PLYMPTON RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUREL HILL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D O'CONNELL, ED</b>	6.2 NAME	
STREET ADDRESS	<b>8205 SCENIC HIGHWAY APT D</b>	6.3 STREET ADDRESS	<b>Director McLead, Bruce 3000 Old Chemstrand Road Gonzalez, FI 32560</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Ed O'Connell* (3/2/99) (850) 444-6527  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)