

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002204

FILED
Mar 19, 2007
Secretary of State

Entity Name: COASTAL PLAINS CHAPTER, INC.

Current Principal Place of Business:

2009 JESSICA WAY
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

2009 JESSICA WAY
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3308127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, G. DWAIN
2009 JESSICA WAY
NAVARRE, FL 32566 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: D () Delete
Name: ARNOLD, CYNTHIA
Address: 600 S BARRACKS ST STE 210
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: MEADE, JOHN D
Address: 11 E DIVE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: WATERS, DWAIN G
Address: 2209 JESSICA WAY
City-St-Zip: NAVARRE, FL 32566

Title: C () Delete
Name: CICH, LISA ANN
Address: 4575 HWY 90 EAST
City-St-Zip: MILTON, FL 32571

Title: D () Delete
Name: MITCHELL, DENNIS M
Address: 3520 WEST PLYMPTON RD
City-St-Zip: LAUREL HILL, FL

Title: S () Delete
Name: LEE, RICHARD
Address: 116 BID-A-WEE LANE
City-St-Zip: PANAMA CITY, FL 32413

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:

Title: D (X) Change () Addition
Name: MCLEOD, BRUCE
Address: 5643 BAY FOREST DRIVE
City-St-Zip: PENSACOLA, FL 32526

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 Chapter 119, 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: G. DWAIN WATERS

T

03/19/2007

Electronic Signature of Signing Officer or Director

Date