


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10033313

DOCUMENT # N9600002204		
1. Entity Name COASTAL PLAINS CHAPTER, INC.		
Principal Place of Business 3814 TIGER POINT GULF BREEZE, FL 32563 US		Mailing Address 3814 TIGER POINT GULF BREEZE, FL 32563 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc. <i>2009 Jessica Way</i>		Suite, Apt. #, etc. <i>2009 Jessica Way</i>
City & State <i>Navarre, FL</i>		City & State <i>Navarre, FL</i>
Zip <i>32566</i>	Country <i>Santa Rosa</i>	Zip <i>32566</i> Country <i>Santa Rosa</i>
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. Name and Address of Current Registered Agent WATERS, G. DWAIN 3814 TIGER POINT GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name <i>Waters, G. DWAIN</i> Street Address (P.O. Box Number is Not Acceptable) <i>2009 Jessica Way</i> City <i>Navarre</i> FL Zip Code <i>32566</i>
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 <i>G. DWAIN Waters</i> <i>A. Dwain Waters</i> <i>03/05/03</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW FEES \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to: Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ARNOLD, CYNTHIA 600 S BARRACKS ST STE 210 PENSACOLA, FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, JOHN D 11 E DIVE ROAD PENSACOLA, FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERS, DWAIN G 3814 TIGER POINT GULF BREEZE, FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CICH, LISA ANN 4576 HWY 90 EAST MILTON, FL 32571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MITCHELL, DENNIS M 3520 WEST PLYMPTON RD LAUREL HILL, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, BRUCE 3000 OLD CHEMSTRAND ROAD GONZALEZ, FL 32560	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 included 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: <i>G. DWAIN Waters</i> <i>A. Dwain Waters</i>		<i>03/05/03</i> (850) 444-6527
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>

CFR2E037 (10/02)