


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002171 (3)
1. Corporation Name
INLET BEACH COMMUNITY COUNCIL, INC.



Principal Place of Business 35 DARYL CT. PANAMA CITY FL 32413	Mailing Address 35 DARYL CT. PANAMA CITY FL 32413
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3. Date Incorporated or Qualified 04/16/1997		
4. FEI Number 59-3442385	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

SIMMONS, VALERIE
35 DARYL CT.
PANAMA CITY FL 32413

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

FL

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

TITLE	D <input type="checkbox"/> DELETE
NAME	SIMMONS, VALERIE CH.
STREET ADDRESS	35 DARYL CT.
CITY-ST-ZIP	PANAMA CITY FL 32413
TITLE	D <input type="checkbox"/> DELETE
NAME	TOBIASSEN, DEBRA V. CH.
STREET ADDRESS	788 N. WALTON LAKESHORE DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	TIPTON, KITTY
STREET ADDRESS	280 PINWOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ECHOLS, DANNY
STREET ADDRESS	13513 EMERALD COAST PARKWAY
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	D <input type="checkbox"/> DELETE
NAME	ECHOLS, W.C.
STREET ADDRESS	49 N. WALTON LAKESHORE DR.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kinningham, Tom
3.3 STREET ADDRESS	156 S. Walton Lakeshore Dr.
3.4 CITY-ST-ZIP	Panama City Beach, FL 32413
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Chambers, Don
4.3 STREET ADDRESS	190 Walton Palm Rd
4.4 CITY-ST-ZIP	Panama City Beach, FL 32413
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Valerie Simmons* Valerie Simmons H/30/98 (850) 221-5643

CR2E037 (10/97)