

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**  
**Jun 28, 1999 8:00 am**  
**Secretary of State**

06-28-1999 90003 023 \*\*\*\*61.25

**DOCUMENT # N97000002171**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

59-3442385

Applied For  
 Not Applica

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

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

**FL**

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

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**  DELETE  
 NAME **SIMMONS, VALERIE CH.**  
 STREET ADDRESS **35 DARYL CT.**  
 CITY-ST-ZIP **PANAMA CITY FL 32413**

TITLE **D**  DELETE  
 NAME **~~TOBIASSEN, DEBRA V. CH.~~**  
 STREET ADDRESS **768 N. WALTON LAKESHORE DRIVE**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **SD**  DELETE  
 NAME **KININGHAM, TOM**  
 STREET ADDRESS **156 S WALTON LAKESHORE DR**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **TD**  DELETE  
 NAME **CHAMBERS, DON**  
 STREET ADDRESS **190 WALTON PALM RD**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **D**  DELETE  
 NAME **ECHOLS, W.C.**  
 STREET ADDRESS **49 N. WALTON LAKESHORE DR.**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Add  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Add  
 2.2 NAME **D**  
 2.3 STREET ADDRESS **Deanie Miller**  
 2.4 CITY-ST-ZIP **313 N. Orange St,**  
**Panama City Beach, FL 324**

3.1 TITLE  Change  Add  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Add  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Add  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Add  
 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, with all other like empowered.

SIGNATURE:

*Valerie Simmons* Valerie Simmons, Director 5/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-23156