

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2005
Secretary of State

DOCUMENT# N97000002171

Entity Name: INLET BEACH COMMUNITY COUNCIL, INC.

Current Principal Place of Business:

35 DARYL CT.
PANAMA CITY, FL 32413

New Principal Place of Business:

Current Mailing Address:

35 DARYL CT.
PANAMA CITY, FL 32413

New Mailing Address:

FEI Number: 59-3442385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONS, VALERIE
35 DARYL CT.
PANAMA CITY, FL 32413 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: SIMMONS, VALERIE CH.
Address: 35 DARYL CT.
City-St-Zip: PANAMA CITY, FL 32413

Title: D (X) Delete
Name: MILLER, DEANIE
Address: 313 N. ORANGE ST.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SD () Delete
Name: KININGHAM, TOM
Address: 156 S WALTON LAKESHORE DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: TD () Delete
Name: CHAMBERS, DON
Address: 190 WALTON PALM RD.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Delete
Name: ECHOLS, W.C.
Address: 49 N. WALTON LAKESHORE DR.
City-St-Zip: PANAMA CITY BEACH, 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: TD (X) Change () Addition
Name: CHAMBERS, DON
Address: 10831 SUNFLOWER LANE
City-St-Zip: PANAMA CITY, FL 32404

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 Section 119.07(3)(i), 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: VALERIE SIMMONS

Electronic Signature of Signing Officer or Director

DIR

08/14/2005

_____ Date