

06091999-90032-043-S61.25-S61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 17 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 11001000 0000 0000 0000 0000 0000 0000 0000 573337-00032-03	
DOCUMENT # N98000001632					
1. Corporation Name Choctawhatchee Dugout Club, Inc.					
Principal Place of Business		Mailing Address			
110 NW Racetrack Rd. Ft. Walton Bch., FL 32547		714 Mary Ave Ft. Walton Bch., FL. 32547			
2. Principal Place of Business		3a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		2a Suite, Apt. #, etc.		March 19, 1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3504942	
24 Country		29 Country		5. Certificate of Status Desired ☐	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐	
				\$5.00 May Be Added to Fees	
5. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Andy Snaith 16 NW Chelsea Dr. Ft. Walton Bch., FL. 32547			Dennis Chapman 714 Mary Ave. Ft. Walton Bch., FL. 32547		
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 <i>[Signature]</i>			Dennis Chapman March 19, 1999		
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
President		Dennis Chapman		714 Mary Ave.	
1.4 CITY-ST-ZIP		1.5 CITY-ST-ZIP		1.6 CITY-ST-ZIP	
Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS	
Secretary		Debra Chapman		714 Mary Ave.	
2.4 CITY-ST-ZIP		2.5 CITY-ST-ZIP		2.6 CITY-ST-ZIP	
Shalimar, FL. 32579		Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	
Treasurer		Wayne Walker		906 Avalon Ln.	
3.4 CITY-ST-ZIP		3.5 CITY-ST-ZIP		3.6 CITY-ST-ZIP	
Ft. Walton Bch., FL. 32547		Shalimar, FL. 32579		Shalimar, FL. 32579	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
Director		Lee Gibson		611 Camborne Ave	
4.4 CITY-ST-ZIP		4.5 CITY-ST-ZIP		4.6 CITY-ST-ZIP	
Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
Director		Brian Zbydniowski		9 NE Stamford	
5.4 CITY-ST-ZIP		5.5 CITY-ST-ZIP		5.6 CITY-ST-ZIP	
Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547	
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
Director		Mike Steele		Reveer Rd.	
6.4 CITY-ST-ZIP		6.5 CITY-ST-ZIP		6.6 CITY-ST-ZIP	
Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547		Ft. Walton Bch., FL. 32547	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 filers empowered.

SIGNATURE: *[Signature]* DEBRA CHAPMAN 3-19-99 850 862 7137

CR2E037 (1/98)