

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00493 (7)

1. Corporation Name

COASTAL CONSERVATION ASSOCIATION, INC.



Principal Place of Business Mailing Address
**DBA FLORIDA CONSERVATION ASSOCIATION
905 EAST PARK AVENUE
TALLAHASSEE FL 32301-9646**

3. Date Incorporated or Qualified **12/27/1983** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **74-1984482** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**FORSQREN, TED
905 EAST PARK AVENUE
TALLAHASSEE FL 32301-9646**

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 reappointing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINDER, JOHN		1.2 NAME	SCOTT JERREMS	
STREET ADDRESS	905 EAST PARK AVENUE		1.3 STREET ADDRESS	905 E. Park Avenue	
CITY - ST - ZIP	TALLAHASSEE FL		1.4 CITY - ST - ZIP	Tallahassee, FL	
TITLE	DVC	<input type="checkbox"/> DELETE	2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPPLEY, BILL		2.2 NAME	KEITH HOLCOMB	
STREET ADDRESS	905 EAST PARK AVENUE		2.3 STREET ADDRESS	905 E. Park Avenue	
CITY - ST - ZIP	TALLAHASSEE FL		2.4 CITY - ST - ZIP	Tallahassee, FL	
TITLE	DB	<input type="checkbox"/> DELETE	3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OGLESBY, BOB		3.2 NAME	RICK CANNON	
STREET ADDRESS	905 EAST PARK AVENUE		3.3 STREET ADDRESS	905 E. Park Avenue	
CITY - ST - ZIP	TALLAHASSEE FL		3.4 CITY - ST - ZIP	Tallahassee, FL	
TITLE	DVP	<input type="checkbox"/> DELETE	4.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUESS, TOM		4.2 NAME	BILL EPPLEY	
STREET ADDRESS	905 EAST PARK AVENUE		4.3 STREET ADDRESS	905 East Park Ave	
CITY - ST - ZIP	TALLAHASSEE FL		4.4 CITY - ST - ZIP	Tallahassee FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, JEFF		5.2 NAME	BOB OGLESBY	
STREET ADDRESS	905 EAST PARK AVENUE		5.3 STREET ADDRESS	905 East Park Ave	
CITY - ST - ZIP	TALLAHASSEE FL		5.4 CITY - ST - ZIP	Tallahassee FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMAGO, JOHN		6.2 NAME	Tom Fuess	
STREET ADDRESS	905 EAST PARK AVENUE		6.3 STREET ADDRESS	905 East Park Avenue	
CITY - ST - ZIP	TALLAHASSEE FL		6.4 CITY - ST - ZIP	Tallahassee, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)