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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

905 EAST PARK AVENUE
TALLAHASSEE FL 32301-9646

Mailing Address

905 EAST PARK AVENUE
TALLAHASSEE FL 32301-2646

3. Date Incorporated or Qualified
12/27/1983

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1890 Semoran Blvd.

27

Suite, Apt. #, etc.

28

Suite 355

29

City & State

30

Zip

Country

31

32792

32

Seminole

4. FEI Number

74-1984482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

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

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 DVP ☐ DELETE

NAME JERREMS, SCOTT

STREET ADDRESS 904 E PARK AVE

CITY-ST-ZIP TALLAHASSEE FL

TITLE DC ☒ DELETE

NAME EPPLEY, BILL

STREET ADDRESS 905 EAST PARK AVENUE

CITY-ST-ZIP TALLAHASSEE FL

TITLE DVP ☐ DELETE

NAME OGLESBY, BOB

STREET ADDRESS 905 EAST PARK AVENUE

CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☐ DELETE

NAME FUESS, TOM

STREET ADDRESS 905 EAST PARK AVENUE

CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ DELETE

NAME HOLCOMB, KEITH

STREET ADDRESS 905 E PARK AVE

CITY-ST-ZIP TALLAHASSEE FL

TITLE DT ☐ DELETE

NAME CANNON, RICK

STREET ADDRESS 905 EAST PARK AVENUE

CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Nettles, Tim

2.3 STREET ADDRESS 733 Jacana way

2.4 CITY-ST-ZIP North Palm Beach, FL 33408

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS Oaksby, Bob

3.4 CITY-ST-ZIP 905 East Park Avenue

Tallahassee, FL.

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS Fuess, Tom

4.4 CITY-ST-ZIP 905 East Park Avenue

Tallahassee, FL.

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Signature: typed or printed name of signing officer or director
ROBERT E. OGLESBY 2/13/97

Date

Daytime Phone # 907-7070

CR2E037 (9/96)