218-97 B-2104 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

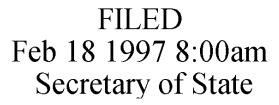
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P0049

)3 (

COASTAL CONSERVATION ASSOCIATION, INC.

Mailing Address





| | | | | | ' | | |
|---|--|---|--|---|--|---|--|
| 905 EAST PARK AVENUE 906 EAST PARK AV TALLAHASSEE FL 32301-9646 TALLAHASSEE FL 3 | | | = _ | | | | |
| TALLAINASSEE F | L 32301 3040 | INFINITIONE IF SHOPE | | ı | 3. Date Incorporated or Qualified 12/27/1983 | 3a. Date of Last Report 03/14/1996 | |
| 2. Principal Place of Business 28. Mailing Address | | | | | 4. FEI Number | Applied For | |
| | | | an Blud. | | 74-1984482 | Not Applicable | |
| Suite, Apt. i | 26 1890 Semon Suite, Apt. #, etc. | | | | \$0.75 Additional | | |
| 22 27 Ju | | | wite 355 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State Po | | loud | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Z _I p 24 | Country 25 | 29 3279 Z | Count 30 | n ninol | This corporation has liability fo Florida Statutes | r intangible tax under s. 199.032, | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| | | | 8 | 1 Name | | | |
| FORSGREN, TED | | | B | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 905 EAST PARK AVENUE TALLAHASSEE FL 32301-9846 | | | 8 | 3 | ······································ | *************************************** | |
| | | | 8 | 4 City | | FL 85 Zip Code | |
| 11. Pursuant t office or re agent. I ar | to the provisions of Sections 617, egistered agent, or both, in the S m familiar with, and accept the of | 0502 and 617.1508, Florida Statutate of Florida. Such change was bligations of, Section 617.0503, F | ites, the abo authorized forida Statut | ve-named by the corp | corporation submits this statement for the oration's board of directors. I hereby acc | purpose of changing its registered | |
| SIGNATURE | Signature: typed or printed name of registerer | d agent and title if applicable. (NO | TE: Registered A | gent signature | required when reinstating) | DATE | |
| 12. | OFFICERS | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 | |
| TITLE | DVP | DELETE | 1.1 TITU | | | Change Addition | |
| NAME | JERREMS, SCOTT | | 1.2 NAM | f | | | |
| STREET ADDRESS | 904 E PARK AVE | | | ET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 1.4 CITY | | | ľ | |
| TITLE | DC | DELETE | 2.1 TITL | | PD _ | ☐ Change ☑ Addition | |
| NAME | EPPLEY, BILL | PEN 10 CCC 1 C | 2.2 NAM | 1 | Nettles, Tim | | |
| | 905 EAST PARK AVENUE | | | - | 733 Jacana Wa | | |
| STREET ADDRESS | | | | et address | 135 xicon & Co. | | |
| CITY-ST-ZIP | TALLAHASSEE FL | DELETE | | -ST-ZIP | MOSAU LUM DIOCH | b Change Addition | |
| TITLE | DVO | ☐ pereie | 3.1 T(T) | | DC, and | Crisinge - Admition | |
| NAME | OGLESBY, BOB | | 3.2 NAM | : | pakeby, to by | enues | |
| STREET ADDRESS | 905 EAST PARK AVENUE | | 3.3 STR | ET ADDRESS | gos east forcu | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | (-ST-ZIP | Tallamssee, H | | |
| TITLE | .PD | ☐ DELETE | 4.1 TITL | \supset | DVC | Change Addition | |
| NAME | FUESS, TOM | | 4. 2 NAM | AE | Fuess, Tom | | |
| STREET ADDRESS | 905 EAST PARK AVENUE | | 4.3 STRE | ET ADDRESS | gos East love a | - l | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | -ST-ZIP | Tallamssee, I | <u> </u> | |
| TITLE | SD | ☐ DELETE | 5.1 TITL | E | | Change Addition | |
| NAME | HOLCOMB, KEITH | | 5.2 NAM | E [| | | |
| STREET ADDRESS | 905 E PARK AVE | | 5.3 STRI | ET ADDRESS | | | |
| CITY - ST - ZIP | TALLAHASSEE FL | | | -ST-ZIP | | | |
| TITLE | DT | DELETE | 6.1 TITL | | | ☐ Change ☐ Addition | |
| NAME | CANNON, RICK | | 62 NAM | E | | | |
| STREET ADDRESS | 905 EAST PARK AVENUE | | • | ET ADDRESS | | ļ | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | -ST-ZIP | | | |
| | | plied with this filing does not aug | | | tated in Section 119.07(3)(i), Florida Statu | tes. I further certify that the | |

4. 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; the 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

Nordimo Phone & co-cooks