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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00493

1. Corporation Name

COASTAL CONSERVATION ASSOCIATION, INC.

Principal Place of Business

**905 EAST PARK AVENUE
TALLAHASSEE FL 32301-9646**

Mailing Address

**1890 SEMORAN BLVD
SUITE 355
WINTER PARK FL 32792
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/27/1983

4. FEI Number

74-1984482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**FORSGREN, 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 ☐ DELETE
NAME **DVP JERREMS, SCOTT**
STREET ADDRESS **904 E PARK AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **DVC DC NETTLES, TIM**
STREET ADDRESS **733 JACANA WAY**
CITY-ST-ZIP **NORTH PALM BCH FL**

TITLE ☒ DELETE
NAME **PD BREWER, CHESTER**
STREET ADDRESS **905 E PARK AV**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **DC PD FUESS, TOM**
STREET ADDRESS **905 EAST PARK AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **SD SMITH, STUART**
STREET ADDRESS **905 E PARK AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **DT CANNON, RICK**
STREET ADDRESS **905 EAST PARK AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL**

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)