FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

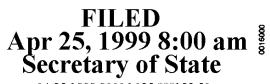
DIVISION OF CORPORATIONS

Secretary of State

DOCUMENT # P00493

1. Corporation Name

COASTAL CONSERVATION A	SSOCIATION, INC.
Principal Place of Business	Mailing Address
905 EAST PARK AVENUE TALLAHASSEE FL 32301-9646	1890 SEMORAN BLVD SUITE 355 WINTER PARK FL 32792 US
Principal Place of Business 21	2a. Mailing Address 26



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Principal Place	of Business	Mailing Address								
905 EAST PARK AVENUE 1890 SEMORAN BLVD TALLAHASSEE FL 32301-9646 SUITE 355 WINTER PARK FL 32792 US										
	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualif	ed			
21		Suite, Apt. #, etc.			4. FEI Number Applied For					
Suite, Act.	#, etc.					74-1984482		<u> </u>	Applicable	
22 City & State		City & State						\$8.75 A		
23	5	28				5. Certificate of Status Desired		Fee Red		
Zip	Country	Zip				6. Election Campaign Financia	na	\$5.00	May Be	
24	25	29	30	•		Trust Fund Contribution	" D	Added to	- 1	
24	9. Name and Address of Current					10. Name and Address of Ne	w Registered	Agent		
				81	Name				ŀ	
FORCOR	N TER			00		desay (D.O. Bay Number in Not Acco	otoblo)			
FORSGRE				82	Street	dress (P.O. Box Number is Not Acce	splablej		Į	
	PARK AVENUE			83					·	
IALLAHAS	ISEE FL 32301-9646									
				84	City		FL	85 Zip C	ode	
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		AIOT	- Ongistar	ad Aana	t alamatura e	ired when reinstating)	DATE		Ì	
12.	Signature, typed or printed na ne of registered agent		13		t signature r	ADDITIONS/CHANGES TO		ND DIRECTOR	S IN 12	
	DVP	DELETE		TITLE				Change	Addition	
TITLE	•	(3, 5225.2		NAME						
NAME	JERREMS, SCOTT				ADDRESS					
STREET ADDRESS	904 E PARK AVE								i	
CITY-ST-ZIP	TALLAHASSEE FL	DELETE		CITY-ST	- ZIP			Change	Addition	
TITLE	DAG DC								_	
NAME	NETTLES, TIM			NAME						
STREET ADDRESS	733 JACANA WAY				ADDRESS				ĺ	
CITY-ST-ZIP	NORTH PALM BCH FL		_	CITY-S	T-ZIP			Change	Addition	
TITLE	PD	DELETE		TITLE		Musident McFadden, Jet				
NAME	BREWER, CHESTER		1	NAME		McFadden, Jet	+		ļ	
STREET ADDRESS	905 E PARK AV				ADDRESS	• =				
CITY-ST-ZIP	TALLAHASSEE FL		3.4.	. CITY-S	T- ZIP			C Character	- PT Addition	
TITLE	100 PD	☐ DELETE	4.1	TITLE				Change	Addition	
NAME	FUESS, TOM		4. 2	NAME						
STREET ADDRESS	905 EAST PARK AVENUE		4.3	STREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		4.4	CITY-S1	r- ZIP					
TITLE	SD	☐ DELETE	5.1	TITLE				☐ Change	Addition	
NAME	SMITH, STUART		52	NAME						
STREET ADDRESS	905 E PARK AVE		5.3	STREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		54	CITY-\$1	T-ZIP					
TITLE	DT	☐ DELETE	6.1	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	CANNON, RICK		6.2	NAME					ļ	
STREET ADDRESS	905 EAST PARK AVENUE		6.3	STREET	ADDRESS				}	
CITY-ST-ZIP	TALLAHASSEE FL		6.4	CITY-S	T-ZIP					

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 or derived that I am an officer or director of the corporation of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #