

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2013

Secretary of State

CC1526890053

DOCUMENT# N96000002204

Entity Name: COASTAL PLAINS CHAPTER, INC.

Current Principal Place of Business:

2009 JESSICA WAY
NAVARRE, FL 32566

Current Mailing Address:

2009 JESSICA WAY
NAVARRE, FL 32566 US

FEI Number: 59-3308127

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WATERS, G. DWAIN
2009 JESSICA WAY
NAVARRE, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ARNOLD, CYNTHIA
Address 600 S BARRACKS ST STE 210
City-State-Zip: PENSACOLA FL 32501

Title VC
Name MEADE, JOHN D
Address 11 E DIVE ROAD
City-State-Zip: PENSACOLA FL 32514

Title T
Name WATERS, DWAIN G
Address 2209 JESSICA WAY
City-State-Zip: NAVARRE FL 32566

Title D
Name MITCHELL, DENNIS
Address 3520 WEST PLYMPTON RD.
City-State-Zip: LAUREL HILL FL 32567

Title C
Name TAYLOR, JOHN
Address 375 MUSCOGEE ROAD
City-State-Zip: CANTONMENT FL 32533

Title SECRETARY
Name TERRY, GREG N
Address ONE ENERGY PLACE
City-State-Zip: PENSACOLA FL 32520-0328

Title DIRECTOR
Name WILEY, JOHN
Address 7514 OLD BAY POINTE RD.
City-State-Zip: MILTON FL 32583

Title DIRECTOR
Name GARRISON, JIM
Address 10 LAKESHORE DR,
City-State-Zip: SHALIMAR FL 32579

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: G. DWAIN WATERS

TREASURER

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HERNANDEZ, HECTOR
Address 1745 SHELLFISH DRIVE
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR
Name MIXON, AMY
Address 220 WEST GARDEN STREET
 SUITE 404
City-State-Zip: PENSACOLA FL 32502