

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002204

Entity Name: COASTAL PLAINS CHAPTER, INC.

Current Principal Place of Business:

1741 KINGS WAY
CANTONMENT, FL 32533

Current Mailing Address:

PO BOX 10714
PENSACOLA, FL 32524 US

FEI Number: 59-3308127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERRY, GREGORY NELSON TREASURER
1741 KINGS WAY
CANTONMENT, FL 32533 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: GREGORY NELSON TERRY

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name TERRY, GREGORY NELSON
Address 1741 KINGS WAY
City-State-Zip: CANTONMENT FL 32533

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

Title DIRECTOR
Name KENNEDY, SUSAN
Address 3410 W NINE MILE RD
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR
Name WHITMIRE, CHEYENNE
Address 3355 MCLEMORE ST
City-State-Zip: PENSACOLA FL 32514

Title CHAIRMAN
Name HITCHCOCK, DEBBIE
Address PO BOX 10714
City-State-Zip: PENSACOLA FL 32524

Title VC
Name JEFFRIES, SHANNON
Address PO BOX 10714
City-State-Zip: PENSACOLA FL 32524

Title DIRECTOR
Name ULLO, JOSEPH
Address 215 S MONROE ST
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name HARDMAN, MATTHEW
Address 1501 N PALAFOX ST
City-State-Zip: PENSACOLA FL

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: GREGORY TERRY

TREASURER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DORMAN, LANE
Address PO BOX 10714
City-State-Zip: PENSACOLA FL 32524

Title DIRECTOR
Name MICHAEL, WEEDEN
Address PO BOX 10714
City-State-Zip: PENSACOLA FL 32524

Title DIRECTOR
Name APPLEGATE, JOSEPH
Address PO BOX 10714
City-State-Zip: PENSACOLA FL 32524