

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **704427** (4)

1. Corporation Name  
**PENSACOLA NAVY FLYING CLUB INC**



Principal Place of Business: **PENSACOLA REGIONAL AIRPORT, 5650 TIPPIN AVE, PENSACOLA FL 32504, US**  
Mailing Address: **PENSACOLA REGIONAL AIRPORT, P O BOX 15519, PENSACOLA FL 32514, US**

3. Date Incorporated or Qualified: **08/17/1962**  
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **73-6502393**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**STRICKLAND, MALCOM S  
2337 GREENBRIER BLVD.  
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent  
81 Name: **JOHNSON, JR. JAMES M.**  
82 Street Address (P.O. Box Number is Not Acceptable): **7426 Gunter Road**  
84 City: **PENSACOLA** FL 85 Zip Code: **32526**

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: *James M. Johnson, Jr.* **JAMES M. JOHNSON, JR. TREASURER** DATE: **5/1/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROGERS, GEORGE A JR	
STREET ADDRESS	2304 INDA AVE.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STRICKLAND, MALCOM	
STREET ADDRESS	2337 GREENBRIER BLVD	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WHITEHURST, MARSHALL N	
STREET ADDRESS	ONE PARADISE LN	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HELMS, JACK M	
STREET ADDRESS	3232 PARSELL LN	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<b>PENSACOLA, FL 32526</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>JOHNSON, JR. JAMES M.</b>
23 STREET ADDRESS	<b>7426 GUNTER ROAD</b>
24 CITY - ST - ZIP	<b>PENSACOLA, FL 32526</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>JONES, KENNETH C.</b>
33 STREET ADDRESS	<b>PO BOX 58297 10173 VIXEN PL</b>
34 CITY - ST - ZIP	<b>PENSACOLA, FL 32543 32514</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<b>PENSACOLA, FL 32526</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>100001879291</b>
63 STREET ADDRESS	<b>-06/28/96--01040--038</b>
64 CITY - ST - ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James M. Johnson, Jr.* **JAMES M. JOHNSON, JR.** DATE: **April 18, 1996** DAYTIME PHONE: **904-944-4340**

CR2E037 (12/95)