FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
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DOCUMENT # 705901 (7)

1. Corporation Name

CHEMSTRAND EMPLOYEES GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CHEMSTRAND RD GONZALEZ FL	P O BOX 97 GONZALEZ FL 32560 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2150685 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WERNER, THOMAS A
2365 OLD CHEMSTRAND ROAD
GONZALEZ FL 32560

10. Name and Address of New Registered Agent

81 Name: Judy H. Lytton
82 Street Address (P.O. Box Number is Not Acceptable): 2365 Old Chemstrand Road
83
84 City: Gonzalez FL 85 Zip Code: 32560

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Judy H. Lytton — 2-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BELL, BENNY	1.2 NAME		
STREET ADDRESS	3162 297A	1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	AARON, BOB	2.2 NAME	Kelly, Jerry	
STREET ADDRESS	949 GREEN HILLS ROAD	2.3 STREET ADDRESS	590 Telleran St.	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	Pensacola 32534	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PETE	3.2 NAME		
STREET ADDRESS	3397A GREENBRIAR CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DROTT, ESMOND	4.2 NAME		
STREET ADDRESS	8808 BURNING TREE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	TIPTON, DOUG	5.2 NAME		
STREET ADDRESS	1743 BOOTH LAKE ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH JR, JOHN W	6.2 NAME		
STREET ADDRESS	1614 E CERVANTES	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP		

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: X Jerry Kelly — Jerry Kelly — 3-1-95 — 96B-B474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078040