


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730623** (6)

1. Corporation Name

**PENSACOLA SKI CLUB, INC.**

Principal Place of Business

Mailing Address

**421 NORTH PALAFOX ST.  
PENSACOLA FL 32501**

**421 NORTH PALAFOX ST.  
PENSACOLA FL 32501-3918**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>09/06/1974</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>4. FEI Number</b> <b>59-1911535</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERTING, JOHN W.  
421 NORTH PALAFOX ST.  
PENSACOLA FL 32501**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LARRY	1.2 NAME	KADOWAKI, HERB
STREET ADDRESS	4630 AVENIDA MARINA	1.3 STREET ADDRESS	1566 HUNTERS CREEK
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	CANTONMENT, FL.
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVY, DIANE	2.2 NAME	SAME
STREET ADDRESS	228 LE STARBOARD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSHING, PAM	3.2 NAME	SCHUTZMAN, CINDY
STREET ADDRESS	493 DEARPOINT DRIVE	3.3 STREET ADDRESS	5001 GRANDE DRIVE #921
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KADAWAKI, HERB	4.2 NAME	FISHER, LYNN
STREET ADDRESS	1566 HUNTER'S CREEK	4.3 STREET ADDRESS	1280 MAHOGANY MILL RD UNIT 11
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEILIG, PATTY	5.2 NAME	HUMPHREYS, ARTHUR
STREET ADDRESS	5680 INNERARITY CIRCLE	5.3 STREET ADDRESS	1730 W. CHASE
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 325
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)