

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 # **742707** (3)

1. Corporation Name
PANHANDLE TIGER BAY CLUB, INC.



Principal Place of Business Mailing Address
P. O. BOX 133 PENSACOLA FL 32591 P. O. BOX 133 PENSACOLA FL 32591

3. Date Incorporated or Qualified **05/05/1978** 3a. Date of Last Report **02/22/1995**

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

4. FEI Number **59-2496417** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GURST, JEROME E
903 PANFERIO DRIVE
PENSACOLA FL 32561**

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

11. Pursuant to the provisions of Sections 617.0602 and 617.1501, 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 I accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE: *Jerome E. Gurst, Treasurer* 1/26/96 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUP, DIANE	
STREET ADDRESS	3510 ALPHA PLACE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BULLOCK, SUSAN	
STREET ADDRESS	2320 MAGNOLIA ROAD	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GURST, JEROME E	
STREET ADDRESS	903 PANFERIO DRIVE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ANDREW WITT	
13 STREET ADDRESS	321 S. PALFOX ST.	
14 CITY-STATE-ZIP	PENSACOLA, FL 32501	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BILL SMART	
23 STREET ADDRESS	3901 W. MADURA ROAD	
24 CITY-STATE-ZIP	GULF BREEZE, FL 32561	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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: *Jerome E. Gurst* JEROME E. GURST 1/26/96 904-474-2744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)