

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90014 043 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

40105658



04212008 Di h.OQ DS3F148 J2017*

5/ FEI Number
59-0882915

Applied For
Not Applicable

6/ Certificate of Status Desired ☐ 9/86 Beejppbm
Gf1Sfrvjse

7/ Obn f'boe!Beesf t t lpgDvss ouSf hjt u' d'e!Bhf ou

8/ Obn f'boe!Beesf t t lpgOf x tSf hjt u' d'e!Bhf ou

BROWN, GERALD
30 SOUTH SPRING ST
PENSACOLA, FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

GM

Zip Code

9/ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

1/ Election Campaign Financing
Trust Fund Contribution. ☐

9/6/11 NbziGf
Beef elup!Gf t

Make check payable to
Florida Department of State

21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, LEE 1083 TIGER TRACE BOULEVARD GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HORTON, GUY POST OFFICE BOX 292 GULF BREEZE, FL 32562 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	UT Cleveland, Dave 495 James River Road Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FIVEASH, JACK 84 HIGHPOINTE DRIVE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEANT, DON 1437 PLAYERS CLUB CIR GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADM ESRY, JAMES 2745 SUMMERTREE LANE GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADM Reid, Paula 14 Highpoint Drive Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

T.HOBUSF:

Paula L Reid

4/30/08

8509323594

Date

Daytime Phone #