SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 11 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767079 (7)

1. Corporation Name
PERDIDO BAY ATHELETICS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX [redacted] 34469 PENSACOLA FL 32507	P.O. BOX [redacted] 34469 PENSACOLA FL 32507

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

3. Date Incorporated or Qualified 02/21/1983	3a. Date of Last Report 08/23/1995
4. FEI Number 59-0576166	☐ 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

JONES, RONNIE
260 MEADSON WAY
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

81 Name: JAMES MOONEY
82 Street Address (P.O. Box Number is Not Acceptable): 1915 MERLIN RD
83
84 City: PENSACOLA FL 85 Zip Code: 32506

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] (PRESIDENT) 9-7-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☑ DELETE
NAME	JOPNES, RONNIE	
STREET ADDRESS	260 MEADSON WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	☑ DELETE
NAME	VITTOZ, RICK	
STREET ADDRESS	14365 A INNERARITY PT RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	☑ DELETE
NAME	JONES, SANDIE	
STREET ADDRESS	260 MEADSON WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	☑ DELETE
NAME	MARLOW, JANAS	
STREET ADDRESS	1543 POLONIUS PKWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☐ Change ☑ Addition
1.2 NAME	JAMES MOONEY	
1.3 STREET ADDRESS	1915 MERLIN RD	
1.4 CITY-ST-ZIP	PENSACOLA FL 32506	
2.1 TITLE	VD	☐ Change ☑ Addition
2.2 NAME	TIMOTHY CARNEY	
2.3 STREET ADDRESS	12112 LONGWOOD DR	
2.4 CITY-ST-ZIP	PENSACOLA FL 32507	
3.1 TITLE	TD	☐ Change ☑ Addition
3.2 NAME	ANN MOONEY	
3.3 STREET ADDRESS	1915 MERLIN RD	
3.4 CITY-ST-ZIP	PENSACOLA FL 32506	
4.1 TITLE	SD	☐ Change ☑ Addition
4.2 NAME	DONNA CARNEY	
4.3 STREET ADDRESS	12112 LONGWOOD DR	
4.4 CITY-ST-ZIP	PENSACOLA FL 32507	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	500001955305	
5.3 STREET ADDRESS	-09/24/96--01161--011	
5.4 CITY-ST-ZIP	*****61.25 *****61.25	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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: [signature] (PRESIDENT) 904-492-6989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #