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Secretary of State

04-26-1999 90033 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11272

1. Corporation Name

GULF BREEZE SERTOMA CLUB, INC.

Principal Place of Business

504 NORTH BAYLEN
PENSACOLA FL 32501
US

Mailing Address

504 NORTH BAYLEN ST.
PENSACOLA FL 32501
US

2. Principal Place of Business

21 101 Berry Ave

2a. Mailing Address

26 101 Berry Ave

3. Date Incorporated or Qualified
09/24/1985

4. FEI Number
59-2587239

Applied For
Not Applicable

City & State

23 Gulf Breeze FL

City & State

28 Gulf Breeze FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

24 Zip 32561 25 Country US

29 Zip 32561 30 Country US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KOPACK, DANIEL J
102 EAST GARDEN STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name John D Morgan
82 Street Address (P.O. Box Number is Not Acceptable) 101 Berry Ave
83
84 City Gulf Breeze FL 85 Zip Code 32561

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 John D Morgan, Treasurer *JDMorgan* DATE 4/21/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|--|
| TITLE PD | JERNIGAN, STEVE | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 422 FT PICKENS RD | |
| CITY-ST-ZIP | PENSACOLA FL 32561 | |
| TITLE TD | DANHEISSER, MATT E. | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 504 NORTH BAYLEN ST | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE SD | BURKE, MICHAEL | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 306 PLANTATION HILL RD | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | SKIP Prange | |
| 1.3 STREET ADDRESS | 3887 BAY WIND DR. | |
| 1.4 CITY-ST-ZIP | Gulf Breeze, FL 32561 | |
| 2.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | John D Morgan | |
| 2.3 STREET ADDRESS | 101 Berry Ave | |
| 2.4 CITY-ST-ZIP | Gulf Breeze, FL 32561 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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, with all other like empowered.

SIGNATURE: *JDMorgan* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/21/99

Daytime Phone #

CR2E037-11/98

0077520