

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 # N27435 (9)

1. Corporation Name
GULF BREEZE ARTS, INC.



Principal Place of Business
**P.O. BOX 52
GULF BREEZE FL 32562-7052**

Mailing Address
**P.O. BOX 52
GULF BREEZE FL 32562-7052**

3. Date Incorporated or Qualified **07/14/1988** 3a. Date of Last Report **03/08/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2913268		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HADDOCK, DAVID A 3129 LINDEN AVE. GULF BREEZE FL 32561				81 Name ROYANNE PACE			
				82 Street Address (P.O. Box Number is Not Acceptable) 2933 BAY ST			
				83 C			
				84 City GULF BREEZE FL 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 *Royanne Pace* DATE **4-28-96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DD	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT = PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEONARD, DAVID			1.2 NAME	ARNIE ONDIS		
STREET ADDRESS	2727 BAY ST.			1.3 STREET ADDRESS	1166 SAWGRASS DR		
CITY-ST-ZIP	GULF BREEZE FL 32561			1.4 CITY-ST-ZIP	GULF BREEZE FL 32561		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TREASURER = TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HADDOCK, DAVID			2.2 NAME	ROYANNE PACE		
STREET ADDRESS	3129 LINDEN AVE.			2.3 STREET ADDRESS	2933 BAY ST		
CITY-ST-ZIP	GULF BREEZE FL 32561			2.4 CITY-ST-ZIP	GULF BREEZE FL 32561		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SECRETARY = SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONNYE, STUART			3.2 NAME	LECILLE McCLURE		
STREET ADDRESS	219 ARIOLA DRIVE			3.3 STREET ADDRESS	12 VIA DE LUNA # 408		
CITY-ST-ZIP	PENSACOLA BEACH FL			3.4 CITY-ST-ZIP	PENSACOLA BEACH FL 32561		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DYE, AUTRY			4.2 NAME			
STREET ADDRESS	510 NAVY COVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 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: *Royanne Pace* Date **5-9-96** Daytime Phone # **904 932 5937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)