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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 700920

(2)

| Principal Place | BAPTIST CHURCH OF GU | JLF BREEZE, INC. Mailing Address | | | | | |
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| 555 FAIRPOIL GULF BREEZ | | 555 FAIRPOINT DRIVE GULF BREEZE FL 325 | | | | | |
| 2. Delegate at D | (| | • | | 3. Date Incorporated or Qualified 05/05/1960 | 3a. Date of Las 04/12/1 | |
| 21 | lace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 59-6018377 | | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | 5 Additional Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be ad to Fees |
| Z ip ⊵4 | Country | Zφ | Coun | try | 8. This corporation has liability for in | | 199.032, |
| :4 | 9. Name and Address of Curr | ent Registered Agent | 30 | | | Yes No | |
| | T. TILLIA PAGILOS OF COT | on registered Agent | | 31 Name | 10. Name and Address of New Re | gistered Agent | |
| REGISTE | R JOHN F | | | | | | |
| REGISTER, JOHN F. 2812 OAK RIDGE DR. GULF BREEZE FL 32561 | | | | | eet Address (P.O. Box Number is Not Acceptable) | | |
| GULF D | NEEZE FL 32301 | | | 33 | | | |
| | | | 8 | 14 City | | 85 Z | ip Code |
| 11. Pursuant t | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statu | tes, the above | e-named cor | rporation submits this statement for the purpoper of directors. I hereby accept the appoint | ose of changing its | registered offic |
| o. , og 0.0 | th, and accept the obligations of, Se | nica. Socri change was author. | zea by the co | rporation s b | poard of directors. I hereby accept the appoir | ntment as registered | d agent. I am |
| tamiliar wi | un, and docupt and obligations of, oc | ection 617.0503, Florida Statute | S. | , | | | |
| SIGNATURE _ | | etion 617.0005, Florida Statute | 5. | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered ago | ent and title if applicable (N | OTE Registered A | | guired when renstaling) | DATE | |
| SIGNATURE _ | Signature, typed or printed name of registered age | ent and tride if applicable (N ND DIRECTORS | OTE Registered A | gent signature req | quired when reinstaling) ADDITIONS/CHANGES 10 OFFIC | ERS AND DIRECTO | |
| SIGNATURE | Signature, typed or printed name of registered ago OFFICERS A | ent and title if applicable (N | OTE Registered A | gent signature req | aurred when reinstating) ADDITIONS/CHANGES 10 OF FIC | | DRS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered age OFFICERS A D PFEIFER, RON E. | ent and tride if applicable (N ND DIRECTORS | DTE Registered A 13. 11 TITL 1.2 NAM | gent signature req | ADDITIONS/CHANGES TO OFFICE D Renfroe, Colin | ERS AND DIRECTO | |
| SIGNATURE | Signature, typed or printed name of registered age OFFICERS A D PFEIFER, RON E. 3203 BAY STREET | ent and tride if applicable (N ND DIRECTORS | DTE Registered A 13. 11 TITL 1.2 NAM 1.3 STRE | gent signature req | ADDITIONS/CHANGES 10 OFFICE D Renfroe, Colin 422 Surrey Drive | ERS AND DIRECTO | |
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SIGNATURE

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/3/96 904-934-1035

Daytime Phone #

CR2E037 (12