## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

MOBILE AL

CITY-ST-ZIP

TITLE NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 09 1997 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

702847

(5)

## PENSACOLA STEAMSHIP ASSOCIATION, INC.

Principal Place of Business Mailing Address									
BO4 S PALAFO PENSACOLA FI		PO BOX 12921 PENSACOLA FL 32576-2921							
US		US				3. Date Incorporated or Qualified 08/31/1961	3a. Date of Le 05/0	ast Report 1/1996	
2. Principal Place of Business 21 700 S. Barracks St. 26 2a. Mailing Address 26						4. FEI Number 59-1945251	Applied For Not Applicable		
Suite, Apt. #, etc.  Building #2  Suite, Apt. #, etc.  27						5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Required			
City & State City & State Pensacola, FL 28						Election Campaign Financing     Trust Fund Contribution	Added to Fees		
Zip 24 325			30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent				I Name		10. Name and Address of New Re	gistered Agent		
					•				
RIVAIS, RUBY B. 710 E TEN MILE ROAD				Street	Addres	dress (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32514				3			····		
				4 City			FL	Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Regis				gent signatu	re required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	P	DELETE	1.1 TATLE		₽	· ·	☐ Cha	inge 🐔 Addition	
NAME				1.2 NAME Le		therbury, Thomas			
STREET ADDRESS 208 ALABAMA STATE DOCS ADMIN BLDG			1.3 STREET ADDRESS 2		1208	ile AL 36601 D	ocks Adr	nin B <sub>i</sub> ldg	
CITY-ST-ZIP MOBILE AL			1.4 0111 - 01 - 211		1100	11e, AL 50001			
TITLE	D DELETE			2.1 TITLE			∐ Cha	nge 🔲 Addition	
NAME	411 (mm) (44) 2444			2.2 NAME					
STREET ADDRESS 211 N CONCEPTION STREET			2.3 STREET ADDRESS						
CITY-ST-ZIP				2. 4 CITY+ST-ZIP					
TITLE	D DELETE			3.1 TITLE			☐ Cha	nge Li Addition	
NAME	GIESE, OTTO		3.2 NAMI		1				
STREET ADDRESS	312 W. MAIN ST.			ET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 00000		3.4. CITY		<del> </del>			<b>-</b>	
TITLE	<del>_</del>		4.1 TITLE				☐ Cha	nge 🔲 Addition	
			4. 2 NAM						
STREET ADDRESS	208 ALABAMA STATE DOCS	ADMIN BLDG	4.3 \$TRE	ET ADDRESS					
CITY-ST-ZIP	MOBILE AL	- Distant	4.4 CITY		<del> </del>		·	1 4320	
TITLE	VD	☐ DELETE	5.1 TITLE				☐ Cha	inge [] Addition	
NAME	MATTINGLY, NED		5.2 NAMI						

14. I do 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 apattachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

☐ DELETE