

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90180 036 \*\*\*\*61.25

**DOCUMENT # 704427**

1. Entity Name

**PENSACOLA NAVY FLYING CLUB INC**



Principal Place of Business

**PENSACOLA REGIONAL AIRPORT  
5650 TIPPIN AVE  
PENSACOLA FL 32504  
US**

Mailing Address

**PENSACOLA REGIONAL AIRPORT  
P O BOX 15519  
PENSACOLA FL 32514  
US**

2. Principal Place of Business

**4545 JERRY MAYGARDEN BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

City & State

Zip

**32504**

Country

**ESCAMBIA**

Zip

Country

4. FEI Number **73-6502393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOYNER, RON  
8260 MOBILE HWY  
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
NAME **HAINES, COLLINS**  
STREET ADDRESS **14031 CANAL DR.**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DT** ☐ Delete  
NAME **JOYNER, RON**  
STREET ADDRESS **8260 MOBILE HWY**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **DS** ☐ Delete  
NAME **SHOEMAKER, GREGORY M**  
STREET ADDRESS **521 TURNBERRY ROAD**  
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **DV** ☒ Delete  
NAME **STEIN, JOHN**  
STREET ADDRESS **7919 MOBILE HWY**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☒ Addition  
NAME **OLSON, BRUCE**  
STREET ADDRESS **3886 DURANGO**  
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition  
NAME **PAUL HAMLIN**  
STREET ADDRESS **3964 PARADISE BAY DRIVE**  
CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1/22/2003

850 944-4261

CR2E037 (10/02)