

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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # 705303 (6)

1. Corporation Name

BRENT RECREATION ASSOCIATION, INC.

Principal Place of Business

500 BAYLISS COURT
P.O. BOX 6101
PENSACOLA FL 32503

Mailing Address

500 BAYLISS COURT
P.O. BOX 6101
PENSACOLA FL 32503

3. Date Incorporated or Qualified
03/08/1963

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-0371490

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINGARD, DON
5552 GLASS DRIVE
PENSACOLA FL

81 Name

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

83

84 City

FL

85 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WINGARD, DON
STREET ADDRESS 5552 GLASS DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE VP ☒ DELETE
NAME BASS, GROVER
STREET ADDRESS 5801 ST. BENEDICT
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME BEAVER, J J
STREET ADDRESS 4521 GUERLAIN WAY
CITY-ST-ZIP PENSACOLA FL

TITLE ST ☐ DELETE
NAME ROGERS, EDITH E
STREET ADDRESS 2772 COTTONWOOD LANE
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME CHUCK, FRANKLIN
STREET ADDRESS 6084 ST ALBAN AVE
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME LUKER, DON
STREET ADDRESS 4619 ST. NAZAIRE RD
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VP
JEANINE BURT
4422 DEAUVILLE Way
PENSACOLA, FL 32505

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)