

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 # 705901 (7)
1. Corporation Name
CHEMSTRAND EMPLOYEES GOLF ASSOCIATION, INC.



Principal Place of Business: CHEMSTRAND RD GONZALEZ FL
Mailing Address: P O BOX 97 GONZALEZ FL 32560 US

3. Date Incorporated or Qualified: 07/16/1963
3a. Date of Last Report: 03/22/1995
4. FEI Number: 59-2150685
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**JUDY H. LYTTON
2365 OLD CHEMSTRAND ROAD
GONZALEZ FL 32560**

10. Name and Address of New Registered Agent
81 Name: Judy Lytton
82 Street Address (P.O. Box Number is Not Acceptable): 2365 Old Chemstrand Rd.
83
84 City: Gonzalez, FL 85 Zip Code: 32560

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: _____ DATE: 4/26/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELL, BENNY	
STREET ADDRESS	3162 297A	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, JERRY	
STREET ADDRESS	590 TELLERAN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PETE	
STREET ADDRESS	3397A GREENBRIAR CIR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DROTT, ESMOND	
STREET ADDRESS	8808 BURNING TREE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIPTON, DOUG	
STREET ADDRESS	1743 BOOTH LAKE ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH JR, JOHN W	
STREET ADDRESS	1614 E CERVANTES	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Aaron, Bob	
1.3 STREET ADDRESS	1202 Frenz St.	
1.4 CITY-ST-ZIP	Pensacola, FL 32534	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ladd, Parnell	
4.3 STREET ADDRESS	6542 Terrasanta	
4.4 CITY-ST-ZIP	Pensacola, FL 32504	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Keliner, Judy	
6.3 STREET ADDRESS	2022 Downing Drive	
6.4 CITY-ST-ZIP	Pensacola, FL 32505	

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: Jerry Kelly DATE: 4/26/96 DAYTIME PHONE #: 968-8474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)