FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **706820** **(8)**

1. Corporation Name

GREYHOUND PARK FOUNDATION OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
DOG TRACK ROAD P.O.BOX 12033 PENSACOLA FL 32589	DOG TRACK ROAD P.O.BOX 12033 PENSACOLA FL 32589

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/11/1964**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-6178110** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

STONE, ROBERT L.
125 WEST ROMANA ST., SUITE 800
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	BARNHART, ZEE	12 NAME	
STREET ADDRESS	3401 N. 18TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, FRANK E	22 NAME	
STREET ADDRESS	100 E. HOOD DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	STONE, ROBERT L.	32 NAME	
STREET ADDRESS	125 WEST ROMANA ST.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEVIN, ABE	42 NAME	
STREET ADDRESS	3681 MENEDEZ DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILSON, JAMES M.	52 NAME	
STREET ADDRESS	201 E.GOVERNMENT ST.	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ESTES, JIM	62 NAME	
STREET ADDRESS	6349 DAVIS HWY.	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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: _____ Rex Chamberlain 5/25/95 (904) 434-9200
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR Title Daytime Phone #

007[illegible]