

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 708539 (2)**  
 1. Corporation Name  
**THE GULF COAST ATHLETIC ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**5230 W. HWY. 98 PANAMA CITY FL 32401-1041**

3. Date Incorporated or Qualified **02/25/1965** 3a. Date of Last Report **07/07/1995**  
 4. FEI Number **23-7061874** 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

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

9. Name and Address of Current Registered Agent  
**MCSPADDEN, BOB**  
**5230 W HIGHWAY 98**  
**PANAMA CITY FL 32401**  
 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLDNAK, JOHN</b>	1.2 NAME	<b>Wolfe, Gregory</b>
STREET ADDRESS	<b>5230 W HIGHWAY 98</b>	1.3 STREET ADDRESS	<b>5230 W Highway 98</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	1.4 CITY - ST - ZIP	<b>Panama City FL 32401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>600001889398</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCSPADDEN, BOB</b>	2.2 NAME	<b>-07/10/96--01033--032</b>
STREET ADDRESS	<b>5230 W HIGHWAY 98</b>	2.3 STREET ADDRESS	<b>***8.75</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, CHARLES</b>	3.2 NAME	<b>Mercer, John</b>
STREET ADDRESS	<b>5230 W HIGHWAY 98</b>	3.3 STREET ADDRESS	<b>5230 W Highway 98</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	3.4 CITY - ST - ZIP	<b>Panama City FL 32401</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGAN, KAREN</b>	4.2 NAME	<b>Gilbert, Barbara</b>
STREET ADDRESS	<b>5230 W HWY 98</b>	4.3 STREET ADDRESS	<b>5230 W Hwy 98</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	4.4 CITY - ST - ZIP	<b>Panama City FL 32401</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>200001889402</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>-07/10/96--01033--033</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***61.25</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: Gregory Wolfe** *Gregory Wolfe* **6/27/96** **(904) 872-3830**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)