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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

708539

(2)

## THE GULF COAST ATHLETIC ASSOCIATION, INC.

| Principal Place                     | Mailing Address  |   |                       |                 |                        | {                                      |  |                                       |                           |                         |  |
|-------------------------------------|--|---|-----------------------|-----------------|------------------------|--|--|---------------------------------------|---------------------------|-------------------------|--|
| 5230 W. HWY. 9<br>PANAMA CITY F     | 6  | 5230 W. HWY. 98<br>PANAMA CITY FL 32401-1041                  |                       |                 |                        |  |  |                                       |                           |                         |  |
|                                     |  |   |                       |                 |                        |  | 3. Date Incorporated or Qualified 02/25/1965                                       |                                       | te of Last R<br>)7/10/198 |                         |  |
| 2. Principal Pl                     | ace of Business  | 2a. Mailing Address   |                       |                 |                        | 4. FEI Number                          |  | <del> </del>                          | oplied For                |                         |  |
| 21                                  |  | 26  |                       |                 |                        | 23-7061874                             | <u> </u>   |                                       |                           |                         |  |
| Suite, Apt.                         | #, etc.  | Suite, Apt. #, etc.   |                       |                 |                        |  | 5. Certificate of Status Desired   |                                       | •                         | Additional<br>equired   |  |
| City & State                        |  | City & State  | <del></del>           |                 |                        |  | 6. Election Campaign Financing   |                                       |                           | May Be                  |  |
| 23                                  | -  | 28  |                       |                 |                        |  | Trust Fund Contribution  |                                       |                           | may be<br>to Fees       |  |
| Zip                                 | Country  | Zip   | Co                    | untry           | ,                      |  | 8. This corporation has liability for  | intangible                            |                           |                         |  |
| 24                                  |  | 29  | 30                    |                 |                        |  | Florida Statutes   | Yes [                                 | ON [_                     |                         |  |
| ****                                | 9. Name and Address of Curren  | t Registered Agent  |                       |                 |                        |  | 10. Name and Address of New Re   | gistered /                            | igent                     |                         |  |
|                                     |  |   |                       | 81              | N:                     | ame                                    |  |                                       |                           | !                       |  |
| MCSPADDEN, BOB<br>5230 W HIGHWAY 98 |  |   | 82                    | St              | reet Ado               | dress (P.O. Box Number is Not Acceptal | ole)   | , , , , , , , , , , , , , , , , , , , |                           |                         |  |
| PANAMA CITY FL 32401                |  |   |                       | 83              |                        |  |  |                                       |                           |                         |  |
|                                     |  |   |                       | 84              | C                      | ity                                    |  | FL                                    | 85 Zip                    | Code                    |  |
| 11. Pursuant t                      | to the provisions of Sections 617,050  | 2 and 617.1508, Florida Statu                                 | ites, the             | above           | e-na                   | med cor                                | poration submits this statement for the  | ourpose of                            | changing i                | ts registered           |  |
| office or re<br>agent. Lai          | egistered agent, or both, in the State<br>m familiar with, and accept the obliga   | ol Florida. Such change was<br>ations of, Section 617.0503, F | authoriz<br>Iorida St | ed by<br>atutes | y th€<br>s.            | corpora                                | ation's board of directors. I hereby acce  | pt the app                            | ointment as               | registered              |  |
| SIGNATURE                           |  |   |                       |                 |                        |  |  |                                       |                           |                         |  |
|                                     | Signature Typed or printed name of registered age  |   |                       |                 | ent sig                | mature requ                            | ulred when reinstating)  | DATE                                  |                           |                         |  |
| 12.                                 | OFFICERS ANI   | D DIRECTORS DELETE  | 13                    | TITLE           |                        |  | ADDITIONS/CHANGES TO OFFI  | JEHS AND                              | Change                    | AS IN 12                |  |
| TITLE<br>NAME                       | WOLFE, GREGORY   |   |                       | NAME            |                        | -                                      |  |                                       | Charigo                   | Aguitott                |  |
| STREET ADDRESS                      | 5230 W HIGHWAY 98  |   |                       | street          | T ADD                  | DECC                                   |  |                                       |                           |                         |  |
| CITY-ST-ZIP                         | PANAMA CITY FL 32401   |   |                       | CITY - S        |                        |  |  |                                       |                           |                         |  |
| TITLE                               | D  | DELETE  |                       | TITLE           | 31-21                  |  |  |                                       | Change                    | Addition                |  |
| NAME                                | MCSPADDEN, BOB   |   | 2.2                   | NAME            |                        |  |  |                                       |                           |                         |  |
| STREET ADDRESS                      | 5230 W HIGHWAY 98  |   | 2.3                   | STREET          | T ADD                  | RESS                                   |  |                                       |                           |                         |  |
| CITY-ST-ZIP                         | PANAMA CITY FL   |   | 2.4                   | CITY-S          | ST-Z                   | P                                      | ,  |                                       |                           |                         |  |
| Totle                               | \$   | ☐ DELETE  | 3.1 TITLE             |                 |                        |  |  |                                       | Change                    | Addition                |  |
| NAME                                | MERCER, JOHN   |   | 3.2                   | NAME            |                        |  |  |                                       |                           |                         |  |
| Street address                      | 5230 W HIGHWAY 98  |   | 33                    | STREET          | T ADD                  | RESS                                   |  |                                       |                           |                         |  |
| CITY-ST-ZIP                         | PANAMA CITY FL 32401   |   | _                     | CITY-S          | ST-Z                   | Р                                      |  |                                       | <del></del>               |                         |  |
| TITLE                               | D  | ☐ DELETE  | 1                     | TITLE           |                        |  |  |                                       | ☐ Change                  | Addition Addition       |  |
| NAME                                | GILBERT, BARBARA   |   |                       | NAME            |                        |  |  |                                       |                           |                         |  |
| STREET ADDRESS                      | 5230 W HWY 98  |   |                       | STREET          |                        |  |  |                                       |                           |                         |  |
| CITY - ST - ZIP<br>TITLE            | PANAMA CITY FL 32401   | DELETE  |                       | CITY - S        | ST - ZII               | <u> </u>                               |  |                                       | ☐ Change                  | Addition                |  |
| NAME                                |  | □ perrie  |                       | NAME            |                        |  |  |                                       | T Alignings               |                         |  |
| STREET ADDRESS                      |  |   |                       | STREET          | T ADO                  | DECC                                   |  |                                       |                           |                         |  |
| CITY-ST-ZIP                         |  |   | 1                     | CITY - S        |                        |  |  |                                       |                           |                         |  |
| TITLE                               |  | ☐ DELETE  |                       | TITLE           | ال ۱۰۲۱                |  |  | ,                                     | Change                    | Addition                |  |
| NAME                                |  |   |                       | NAME            |                        |  |  |                                       |                           |                         |  |
| STREET ADDRESS                      |  |   |                       | STREET          |                        | RESS                                   |  |                                       |                           |                         |  |
| CITY-ST-ZIP                         |  |   | ŀ                     | CITY - S        |                        |  |  |                                       |                           |                         |  |
| 14. I do herel                      | by certify that the information supplie  | d with this filing does not qua                               | lify for th           | e exe           | emp                    | tion state                             | ed in Section 119.07(3)(i), Florida Statut   | s. I further                          | certify that              | the                     |  |
| lam an o                            | on indicated on this annual report or solfficer or director of the corporation of the Block 12 or Block 13 if changed, o | r the receiver of trustee emon                                | wered to              | exec            | ur <b>at</b> i<br>cute | this repa                              | at my signature shall have the same leg<br>ort as required by Chapter 617, Florida | ai eilect as<br>Statutes; a           | ir made ur<br>nd that my  | ider oath; that<br>name |  |