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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mcrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717836** (1)  
 Corporation Name  
**BREAM FISHERMEN ASSOCIATION, INC.**



Principal Place of Business 1615 E. LARUA PENSACOLA FL 32501 US	Mailing Address P O BOX 4935 PENSACOLA FL 32507
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3. Date Incorporated or Qualified <b>01/05/1970</b>		
4. FEI Number <b>23-7085647</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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9. Name and Address of Current Registered Agent

**BAKER, MARY JANE**  
**8180 SEDGEFIELD DR**  
**PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name **LOWERY, CHARLES A**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4041 N. Highway 99**  
 83  
 84 City **CENTURY** FL 85 Zip Code **32535**

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 *Dan Hixson* DATE **1 April 1998**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DT</b>	<input checked="" type="checkbox"/>
NAME	<b>BAKER, MARY JANE</b>	
STREET ADDRESS	<b>8180 SEDGEFIELD DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BROWN, J D</b>	
STREET ADDRESS	<b>400 COLBERT AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>HIXSON, W CARROLL</b>	
STREET ADDRESS	<b>30497 HIXSON RD</b>	
CITY-ST-ZIP	<b>ELBERTA AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>TURNIPSEED, GENE T</b>	
STREET ADDRESS	<b>5600 TRAFALGAR DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>LOWERY, CHARLES A</b>	
STREET ADDRESS	<b>4041 N HIGHWAY 99</b>	
CITY-ST-ZIP	<b>CENTURY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MATHIS, FEROL B</b>	
STREET ADDRESS	<b>3920 DUNWOODY DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>DT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>RUSSELL, DAN H.</b>		
1.3 STREET ADDRESS	<b>9895 S. LOOP ROAD</b>		
1.4 CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *W. Carroll Hixson* **W. CARROLL HIXSON** **March 5, 1998** **(334)962-2500**

CFR2E037 (10/97)



# B F A

## BREAM FISHERMEN ASSOCIATION

BOX 4935  
PENSACOLA, FLORIDA 32507



A NONPROFIT ORGANIZATION CHARTERED IN THE STATE OF FLORIDA

### LIST OF DIRECTORS AND OFFICERS 1998

DIRECTORS: THREE-YEAR TERMS	TERM *	PHONE NO.
JERRIL BAKER 603 W. CRAIG ST. ATMORE, AL 36502	2001	( )
J.D. BROWN 400 COLBERT AVENUE PENSACOLA, FL 32507	2001	(904) 455-1223
W. CARROLL HIXSON 30497 HIXSON ROAD ELBERTA, AL 36530	1999	(334) 962-2500
CHARLES A. LOWERY 4041 N. HIGHWAY 99 CENTURY, FL 32535	1999	(904) 327-4968
ALAN LOWERY 3740 O'FARRELL ROAD CENTURY, FL 32535-	2001	(904) 327-6709
FEROL B. MATHIS 3920 DUNWOODY DRIVE PENSACOLA, FL 32503	2000	(904) 433-6686
JOEL W. NORMAN 6085 DREXEL DRIVE PENSACOLA, FL 32504	2000	(904) 478-0196
ERNEST E. RIVERS 3855 SCENIC HWY PENSACOLA, FL 32504	2000	(904) 438-6078
DANNY H. RUSSELL 9895 SOUTH LOOP ROAD PENSACOLA, FL 32507	1999	(904) 492-7468
JOHN C. TAYLOR 1316 MIXON AVENUE BAY MINETTE, AL 36507	2001	(334) 937-5821
GENE T. TURNIPSEED 5600 TRAFALGAR DRIVE PENSACOLA, FL 32504	1999	(904) 476-1153

OFFICERS: TWO-YEAR TERMS	TERM #	
PRESIDENT	CHARLES A. LOWERY	2000
TREASURER	DANNY H. RUSSELL	2000
SECRETARY	W. CARROLL HIXSON	2000
RECORDER	JERRIL BAKER	2000

\* Terms end at the end of the Annual Meeting of the denoted year.  
# Terms end following Election of Officers at the Board Meeting following the Annual Meeting of the denoted year.

CERTIFIED TO BE A TRUE COPY *W. Carroll Hixson* Secretary

