FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(9)

	CLUB OF GREATER PENS				
Principal Plac	e of Business	Mailing Address		190111 19919 1100 1100 1100	
181 SEMINOLE TRAIL PENSACOLA FL 32506 US 181 SEMINOLE TRAIL PENSACOLA FL 32506-355 US US			3		
				3. Date Incorporated or Qualified 01/11/1973	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	di ada	26		59-1707112	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	20 MP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	⊢ ` ⊦	Country	8. This corporation has liability for	
49	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No
			81 Name	10. 14.110 01.0 2.000 01 11.00 11.0	Biscolog Miller
GIRDNER, JEAN 181 SEMINOLE TRAIL PENSACOLA FL 32506			82 Street A	ddrasa (P.O. Poy Number is Not Assentak	
			82 Street Address (P.O. Box Number is Not Acceptable) 83		
11. Pursuant office or re	to the provisions of Sections 617.05 egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 617.1508, Florida Statute e of Florida. Such change was au	s, the above-named cuthorized by the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	
SIGNATURE					
12.	Signature, typed or printed name of registered ag OFFICERS AN	eril and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND DISCOLOS IN 10
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MOODY, LINDA	-	1.2 NAME		
STREET ADDRESS	2831 VIA ROMA CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	QULF BREEZE FL		1.4 CITY - ST - ZIP		
TITLE	PE	DELETE	2.1 TITLE	PE	Change Addition
NAME	MOODY, LINDA		2.2 NAME	Woods, Carol	ľ
STREET ADDRESS	2831 VIA ROMA COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		2. 4 CITY-ST-ZIP		
TITLE	Ţ	☐ DELETE	3.1 TITLE	Τ , , ,	Change Addition
NAME	GIRDNER, JEAN		3.2 NAME	Mccorvey, Kimberly 7275 Hay-Lo Dr. Milton, FL 32583	
STREET ADORESS	181 SEMINOLE TRAIL		3.3 STREET ADDRESS	7275 Hay-LA UC.	
CITY-ST-ZIP	PENSACOLA FL	Decemen	3.4. CITY-ST-ZIP	Milton, PL 32583	
TITLE	D BEOMADEN DECOV	DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	BECKWORTH, PEGGY 204 FAIRPOINT DR		4.2 NAME		
	GULF BREEZE FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	MCDAVID, VIRGINA		5.2 NAME		C Availle C VOOIIION
STREET ADDRESS	1216 BAYOU BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	DAVIS, RUBY		6.2 NAME		
STREET ADDRESS	2420 BAYOU BLVD		6.3 STREET ADDRESS		
CITY-ST-7IP	PENSACOLA EL		CACITY OT 7ID		

14. If do 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.

FILED

May 20 1997 8:00am

Secretary of State