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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT #

(6)

P.O. BOX 17844 PENSACOLA FL 32522 PENSACOLA FL 32521 PENSACOLA FL 3252	· · · · · · · · · · · · · · · · · · ·	CIS M. WESTON AUDUBON	Mailing Address						
PENSACOLA FL 32522  PENSACOLA FL 32526    PENSACOLA FL 32522  PENS			-						
2. Principal Place of Business   2a. Mailing Address   51-0204114							07/22/1976		
28   Substance of Business   Sa. Mailing Address   Salt. Apt. 4, etc.	]						1.45		
Suito, Apt #, etc.    Suito, Apt #, etc.   Suito, A	· ·	Place of Business	<b>├</b> ─ <b>┐</b>				5. Certificate of Status Desired S8.75 Addition	****	
Trust Fund Contribution     Added to Fees	Suite, Apt.	#, etc.							
20   2   2   2   2   2   2   2   2   2									
2-p   Country   2-p   Set   30   Set   S		e	h						
25   29   30   Personal Property Tax due June 30   Vee   No.   N		Country	<del>- + - +</del>	Cou	ntry				
SHEPPARD, ALAN C. 220 WEST GARDEN ST., 7TH FL CENTURY BK TWR PENSACOLA FL 32501  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 of 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 spent, and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent, and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered spent, and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent, and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent, and the corporation's board of directors. I hereby accept the appointment as registered spent, and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent, and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered spent and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered spent, and accept the obligators of, Sociolon 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regist		25		_	•				
SHEPPARD, ALAN C.  22 WEST GARDEN ST., 7TH FL CENTURY BK TWR  PENSACOLA FL 32501  83  64 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 agont, 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 egont, and accept the obligations of, Section 617,0502, Florida Statutes, free above-named corporation's board of directors. I hereby accept the appointment as registered egont. I ment familiar with, and accept the obligations of, Section 617,0502, Florida Statutes, free above-named corporation's board of directors. I hereby accept the appointment as registered agent. I have been expected when reviewed the expectation in the sequence of the provision of the expectation of the expectation. In the sequence of the expectation of the expectation of the expectation. In the sequence of the expectation of the expectation of the expectation. In the sequence of the expectation of the expe		9. Name and Address of Currer	nt Registered Agent						
220 WEST GARDEN ST., TTH FL CENTURY BK TWR PENSACOLA FL 32501  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, learn familiar with, and accorpt the obligations of, Section 617,0503, Florids Statutes  SIGNATURE  SIGNATURE  Dipulare, hybed or primed terms of registered agent accorpt the exponentian as registered agent agent and the registered agent agent accorpt the exponentian as registered agent agent accorpt to a purpose of changing its registered agent agent accorpt to the prohimment as registered agent agent accorpt agent agent accorpt agent agent accorpt agent agent accorpt agent agent agent accorpt agent agent agent accorpt agent agent agent accorpt agent a	]				81	Name			
220 WEST GARDEN ST., 7TH FL CENTURY BK TWR PENSACOLA FL 32501  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 subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 87.0502, Florida Statutes.  SIGNATURE  SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS  11. TITLE PD CASE, EDMOND 13. STREET ADDRESS 3634 TROSER POINT BLVD 13. STREET ADDRESS 3634 TROSERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 3634 TROSER POINT BLVD 14. CITY-ST-2P 24. MARE 24. MARE 24. MARE 25. MARE 25. MARE 26. MARE 26. MARE 27.					82 Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE   Signature, hybrid or printed name of regulatored agont, and other particulars   Signature, hybrid or printed name of regulatored agont, and other particulars   Signature, hybrid or printed name of regulatored agont, and according to Section 617, 508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agont, and according the obligations of Section 617, 508, Florida Statutes.  SIGNATURE   Signature, hybrid or printed name of regulatored agont and tell if applicable   (NOTE Regulatored Agont agont Lieu agont)   DATE				İ					
Till 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, are familiar with, and accept the obligations of, Soction 617, 0503, Florida Statutes.    SIGNATURE	PENSAC	OLA FL 32501			83				
The provisions of Sections 617 6602 and 617, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.    Signature				- 1	84	City	85 Zip Code		
SIGNATURE    12.	11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes				YOVE YOVE	-named			
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   11   11   11   12   12   12   13   13								ed	
TITLE  NAME  CASE, EDMOND  STREET ADDRESS  3634 TROER POINT BLVD  GULF BREEZE FL  TITLE  TD  MAME  FULLILOVE, ANN  STREET ADDRESS  CITY-ST-ZIP  PENSACOLA FL  STREET ADDRESS  GULF BREEZE FL	12				Age	nt signature			
NAME  CASE, EDMOND  3834 TIGER POINT BLVD  GULF BREEZE FL  TITLE  TD  GULF BREEZE FL  TITLE  TD  GULF BREEZE FL  GULF BREEZE FL  TO  STREET ADDRESS  ALCITY-ST-ZIP  PENSACOLA, FL 32513  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  PENSACOLA FL  GULF BREEZE FL  TITLE  SD  GULF BREEZE FL  GULF BREEZE FL  TITLE  VD  GULF BREEZE FL					1 F				
STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  TITLE TD  MAME FULLILOVE, ANN STREET ADDRESS 3550 SUMMAIT BLVD CITY-ST-ZIP FENSACOLA FL SD STREET ADDRESS 4116 LONGWOOD DRIVE CITY-ST-ZIP GULF BREEZE FL  TITLE SD STREET ADDRESS 4116 LONGWOOD DRIVE CITY-ST-ZIP GULF BREEZE FL  TITLE VD  MAME BLAKEBURN, PAUL STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  SD  MAME STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  SD  MAME STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  SD  MAME STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  MODELETE SD  MAME STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  MODELETE SD  MAME STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  MODELETE SD  MAME STREET ADDRESS STREET ADDRE	1						TIMMONS , DANA	Billion	
GITY-ST-ZIP  GULF BREEZE FL  TITLE  TD  DELETE  21 TITLE  TD  SO CITY-ST-ZIP  PENSACOLA, FL 32513  THLE  SO SUMMIT BLVD  PENSACOLA FL  SO STREET ADDRESS  CITY-ST-ZIP  FILL LOVE, ANN  STREET ADDRESS  CITY-ST-ZIP  BERRY, PHIL  STREET ADDRESS  CITY-ST-ZIP  GULF BREEZE FL  TITLE  VD  SO STREET ADDRESS  CITY-ST-ZIP  GULF BREEZE FL  TITLE  VD  STREET ADDRESS  CITY-ST-ZIP  GULF BREEZE FL  TITLE  SO  STREET ADDRESS  STREET ADD	STREET ADDRESS					ADDRESS	PO BOX 9283 N/A		
TITLE  TD  FULLIOVE, ANN  STREET ADDRESS CITY-ST-ZIP  NAME  BERRY, PHIL  STREET ADDRESS CITY-ST-ZIP  VD  STREET ADDRESS CITY-ST-ZIP  GULF BREEZE FL  JOELETE  JOELETE  21 TITLE  CASE, EDMOND  CASE, E	CITY-ST-ZIP						PENSACOLA, FL 32513		
STREET ADDRESS CITY-ST-ZIP PENSACOLA FL  23 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL  24 CITY-ST-ZIP CULF BREEZE, FL 3256  24 CITY-ST-ZIP CULF BREEZE, FL 3256  24 CITY-ST-ZIP CULF BREEZE, FL 3256  24 CITY-ST-ZIP CONSTER, ANN CONSTER CONS	TITLE	<b>YD</b>	<del>_</del>		21 TITLE TD		TD Ad	dition	
CITY-ST-ZIP PENSACOLA FL  11TLE SD NAME BERRY, PHIL STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  11TLE VD STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FOR STER, ANN PO BOX 1 6 4 1 8 N/A PENSACOLA, PL 32507  ITTLE VD STREET ADDRESS CITY-ST-ZIP FOR STER, ANN PO BOX 1 6 4 1 8 N/A  CITY-ST-ZIP PENSACOLA, PL 32507  ITTLE VD Addition AME STREET ADDRESS 4178 EAST VIEW PL 41 STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL 44 CITY-ST-ZIP GULF BREEZE FL 32 SG Addition Addition Addition  STREET ADDRESS CITY-ST-ZIP FOR SCACOLA, PL 32561  Addition Addition  STREET ADDRESS CITY-ST-ZIP FOR SCACOLA, PL 32561  Addition Addition  STREET ADDRESS CITY-ST-ZIP FOR SCACOLA, PL 32561  Addition  Addition  STREET ADDRESS CITY-ST-ZIP FOR SCACOLA, PL 32501  Addition  Addition  STREET ADDRESS CITY-ST-ZIP FOR SCACOLA, PL 32501  Addition  Addition  Addition  NAME TIMMONS DAMA  TIMMONS DAMA  TIMMONS DAMA  CALLY STREET ADDRESS CORY-ST-ZIP FOR SCACOLA, PL 32501  Addition  AD	NAME	FULLILOVE, ANN		22 NA	2.2 NAME		CASE, EDMOND		
TITLE SD SPERRY, PHIL 32 NAME FOR STER; ANN STREET ADDRESS 4116 LONGWOOD DRIVE 33 STREET ADDRESS PO BOX 16418 N/A  CITY-SI-ZIP GULF BREEZE FL 34. CITY-SI-ZIP PENSACOLA, PL 32507  TITLE VD STREET ADDRESS 4. STREET ADDRESS 5. STRE	STREET ADDRESS	3550 SUMMIT BLVD		2.3 ST	REET.	ADDRESS	3634 TIGER POINT BLVD		
NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP GULF BREEZE FL  TITLE VD NAME BLAKEBURN, PAUL STREET ADDRESS STREET ADDRESS CITY-SI-ZIP GULF BREEZE FL  VD NAME BLAKEBURN, PAUL STREET ADDRESS GULF BREEZE FL  VD Addition A. CITY-SI-ZIP A. CITY-SI-ZIP GULF BREEZE FL  VD A. STREET ADDRESS A. CITY-SI-ZIP A. CITY-SI-ZIP GULF BREEZE FL  VD A. STREET ADDRESS A. CITY-SI-ZIP A. CITY-SI-ZIP A. CITY-SI-ZIP A. CITY-SI-ZIP SD NAME JONES, MOLLY STREET ADDRESS GULF BREEZE FL  VD SO	CITY-ST-ZIP			2.40	TY-S	T-ZIP			
STREET ADDRESS CITY-SI-ZIP GULF BREEZE FL  3.3 STREET ADDRESS CITY-SI-ZIP FUNDACOLA, PL 32507  TITLE VD NAME BLAKEBURN, PAUL 4.1 TITLE VD STREET ADDRESS 4178 EAST VIEW PL GULF BREEZE FL  4.2 CITY-SI-ZIP GULF BREEZE FL  4.4 CITY-SI-ZIP FUNDACOLA, PL 32507  Addition PRENCH ) JERG 4.3 STREET ADDRESS 4.7 38 SUNRUNNER LANG 4.4 CITY-SI-ZIP GULF BREEZE FL  4.4 CITY-SI-ZIP AULF BREEZE, PL 32561  TITLE SD STREET ADDRESS 915 SPRING ST 5.3 STREET ADDRESS CITY-SI-ZIP FENSACOLA FL  TITLE D GULF BREEZE CITY-SI-ZIP FENSACOLA, PL 32501  Change Addition  Addition  TIMMONS DAMA			[≥SL DELETE	3.1 117	LE		SD Date Change Ade	dition	
CITY-SI-ZIP GULF BREEZE FL  34.CITY-SI-ZIP PENSACOLA, PL 32507  TITLE VD  NAME BLAKEBURN, PAUL  STREET ADDRESS 4178 EAST VIEW PL  CITY-SI-ZIP GULF BREEZE FL  14.CITY-SI-ZIP GULF BREEZE FL  14.CITY-SI-ZIP GULF BREEZE FL  15.TITLE SD  NAME JONES, MOLLY  STREET ADDRESS 915 SPRING ST  CITY-SI-ZIP PENSACOLA FL  TITLE D  NAME DELETE S.1 TITLE  DELETE S.1 TIT		,					FORSTER, ANN		
TITLE VD MAME BLAKEBURN, PAUL  STREET ADDRESS 4178 EAST VIEW PL  GITY-ST-ZIP GULF BREEZE FL  TITLE SD MOLLY  STREET ADDRESS 915 SPRING ST  GITY-ST-ZIP PENSACOLA FL  TITLE D MAME  DELETE 4.1 TITLE  D M DELETE 4.1 TITLE  SD MAME  STREET ADDRESS 5.1 TITLE  SD MAME  STREET ADDRESS 5.2 TABLE NORAN DR  STREET ADDRESS 5.4 CITY-ST-ZIP  STREET ADDRESS 5.4 CITY-ST-ZIP  PENSACOLA FL  STREET ADDRESS 5.4 CITY-ST-ZIP  TITLE D MORE MAME  STREET ADDRESS 5.4 CITY-ST-ZIP  TIMMONS DANA				3.3 ST	REET	address	PO 80X 16410 N/A		
NAME  STREET ADDRESS 4178 EAST VIEW PL CITY-ST-ZIP GULF BREEZE FL 42 STREET ADDRESS CITY-ST-ZIP TITLE SD NAME JONES, MOLLY STREET ADDRESS CITY-ST-ZIP FENSACOLA FL TITLE D MARE NAME TIMMONS DANA  4.2 NAME 4.3 STREET ADDRESS 2.7 38 SUNRUNNER LANG 4.4 CITY-ST-ZIP GULF BREEZE, PL 32561  **CHANGE LANG 4.3 STREET ADDRESS 2.7 38 SUNRUNNER LANG 4.4 CITY-ST-ZIP GULF BREEZE, PL 32561  **CHANGE **C			NV priest			T-ZiP			
STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL  AGUTY-ST-ZIP GULF BREEZE FL  AGUTY-ST-ZIP AGUTH BREEZE FL  AGUTY-ST-ZIP AGUTH BREEZE FL  AGUTY-ST-ZIP AGUTH BREEZE FL  AGUTY-ST-ZIP AGUTH BREEZE FL  AGUTY-ST-ZIP STREET ADDRESS GULF BREEZE) FL 32561  AGUTY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL  TITLE D  AGUTY-ST-ZIP DELETE STREET ADDRESS STREET ADD	1		LEQ DELETE				VD IXI Change LI AX	lition	
CITY-ST-ZIP  GULF BREEZE FL  44 CITY-ST-ZIP  GULF BREEZE) FL 32561  Addition  AMME  JONES, MOLLY  STREET ADDRESS  915 SPRING ST  CITY-ST-ZIP  PENSACOLA FL  TITLE  D  MORE  STREET ADDRESS  62 NAME  STREET ADDRESS  FL 32561  Addition  Addition  FL 32501  Change  Addition							A TOO CULIOUNDER LANG		
TITLE SD SO DELETE 5.1 TITLE SD Change Addition  NAME JONES, MOLLY  STREET ADDRESS 915 SPRING ST 5.3 STREET ADDRESS 2721 SEMORAN DR  CITY-ST-ZIP PENSACOLA FL 5.4 CITY-ST-ZIP PENSACOLA, FL 3.2501  TITLE D D DELETE 6.1 TITLE  NAME TIMMONS DANA		ALI & BACKS					2738 SUNKUMITURE 2714		
NAME  STREET ADDRESS  915 SPRING ST  CITY-ST-ZIP  PENSACOLA FL  OUTHOUSE  DITHOUSE  DITHOUSE  DITHOUSE  S1 STREET ADDRESS  S2 NAME  S3 STREET ADDRESS  S4 CITY-ST-ZIP  S5 CITY-ST-ZIP  S6 CITY-ST-ZIP  S7 CITY-ST-ZI			N neiere			r-ZIP		4141	
STREET ADDRESS  915 SPRING ST  CITY-ST-ZIP  PENSACOLA FL  53 STREET ADDRESS  54 CITY-ST-ZIP  PENSACOLA COLA COLA COLA COLA COLA COLA COLA			LA DECEN			1		Julon	
CITY-ST-ZIP PENSACOLA FL 54 CITY-ST-ZIP PENSACOLA ) FL 32501  TITLE D SOLETE 61 TITLE D SOLETE 62 NAME SOLA SOLA SOLA SOLA SOLA SOLA SOLA SOLA						4000000	ATTO SEMODAN PR		
TITLE D S Change Addition						AUUHESS	9546A0A1 A. GI. 32501		
NAME TIMMONS DANA			IX DELETE	_		- ZIP		dition	
STREET ADDRESS 1812 E LAKEVEW #3 63 STREET ADDRESS 4.904 KITTY HAWK DR			C OLLLIC					nuvii	
	STREET ADDRESS	1812 E LAKEVIEW #3		63 514	MIL REFT A	ADDRESS	LOOA KITTYHAWK DR		

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 trustoe 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: am I FORSTER [SD]

6 FEB 98 850-456 -4421

**FILED** 

Feb 24 1998 8:00am

Secretary of State