

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742891 (5)

1. Corporation Name
THE PENSACOLA EAGLES C.B. CLUB, NO. 101, INC.



Principal Place of Business: 880 BERKLEY DRIVE PENSACOLA FL 32503-2327
Mailing Address: 880 BERKLEY DRIVE PENSACOLA FL 32503-2327

3. Date Incorporated or Qualified: 05/17/1978
3a. Date of Last Report: 08/31/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 59-1766324 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

9. Name and Address of Current Registered Agent: HUDSON, LEONARD 880 BERKLEY DR. PENSACOLA FL 32503
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HUDSON, LEONARD STREET ADDRESS: 880 BERKLEY DR. CITY-ST-ZIP: PENSACOLA FL 32503	<input type="checkbox"/> DELETE	1.1 TITLE: 800001802588 1.2 NAME: -05/01/96--01017--008 1.3 STREET ADDRESS: ***61.25 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MORRISON, IRMA STREET ADDRESS: 701 N. 'A' ST. CITY-ST-ZIP: PENSACOLA FL 32501	<input type="checkbox"/> DELETE	2.1 TITLE: TD 2.2 NAME: IRMA MORRISON 2.3 STREET ADDRESS: 721 N. 'A' ST. 2.4 CITY-ST-ZIP: PENSACOLA, FL. 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SEALS, KAREN STREET ADDRESS: 1100 E. MONROE ST. CITY-ST-ZIP: PENSACOLA FL 32503	<input type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: SEALS, KAREN 3.3 STREET ADDRESS: 1100 E. YONGE ST. 3.4 CITY-ST-ZIP: PENSACOLA, FL. 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SDT NAME: SMITH, JOE STREET ADDRESS: 600 W. JORDON ST. CITY-ST-ZIP: PENSACOLA FL 32501	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SDT 4.2 NAME: Woodrow McCarnts 4.3 STREET ADDRESS: 703 W. Broad 4.4 CITY-ST-ZIP: Pensacola FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MT NAME: RASBERRY, MAXINE STREET ADDRESS: 27 ARCHER CKSON #8 CITY-ST-ZIP: PENSACOLA FL 32505	<input type="checkbox"/> DELETE	5.1 TITLE: MT 5.2 NAME: RASBERRY, MAXINE 5.3 STREET ADDRESS: 27 ARCHER AVE 5.4 CITY-ST-ZIP: PENSACOLA, FL. 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ASD NAME: HALE, ROSEMARY STREET ADDRESS: 12000 SCENIC HWY. #15 CITY-ST-ZIP: PENSACOLA FL 32514	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Leonard A. Hudson LEONARD A. HUDSON 4-22-96 904-968-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 42875

CR2E037 (12/95)