

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742891 (5)
1. Corporation Name
THE PENSACOLA EAGLES C.B. CLUB, NO. 101, INC.

Principal Place of Business PENSACOLA EAGLES CB CLUB 27 ARCHER AVE PENSACOLA FL 32505 US	Mailing Address 27 ARCHER AVE. PENSACOLA FL 32505 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/17/1978	4. FEI Number 59-1766324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RASBERRY, MAXINE
27 ARCHER AVE
PENSACOLA FL 32505

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code	Harrison Norris Sr. 515 E. Avery St Pensacola FL 32503
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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 Harrison Norris Sr. DATE 4/27/98
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS	
TITLE	PD RASBERRY, MAXINE <input checked="" type="checkbox"/> DELETE
NAME	27 ARCHER AVE
STREET ADDRESS	PENSACOLA FL
CITY-ST-ZIP	
TITLE	TD GULLEY, JIMMY <input checked="" type="checkbox"/> DELETE
NAME	9 1/2 MULBERRY ST
STREET ADDRESS	PENSACOLA FL
CITY-ST-ZIP	
TITLE	SD JENKINS, ANNE <input type="checkbox"/> DELETE
NAME	2000 NO S STREET
STREET ADDRESS	PENSACOLA FL
CITY-ST-ZIP	
TITLE	STD WATSON, LULA <input type="checkbox"/> DELETE
NAME	1013 NO C ST
STREET ADDRESS	PENSACOLA FL
CITY-ST-ZIP	
TITLE	MT MC CAYTS, WOODROW <input type="checkbox"/> DELETE
NAME	703 WEST BROAD
STREET ADDRESS	PENSACOLA FL
CITY-ST-ZIP	
TITLE	ASD HALE, ROSEMARY <input checked="" type="checkbox"/> DELETE
NAME	12000 SCENIC HWY. #15
STREET ADDRESS	PENSACOLA FL 32514
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harrison Norris Sr
1.3 STREET ADDRESS	515 E. Avery St
1.4 CITY-ST-ZIP	Pensacola, Fla 32505
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elix Dawson
2.3 STREET ADDRESS	621 W. Lakeview Ave
2.4 CITY-ST-ZIP	Pensacola, Fla 32505
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sammie L. Martin
3.3 STREET ADDRESS	6417 Hampton Rd
3.4 CITY-ST-ZIP	Pensacola Fla 32505
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fredrick D. Hardaway
4.3 STREET ADDRESS	780 W. Lakeview Ave
4.4 CITY-ST-ZIP	Pensacola Fla
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

4/27/98 850-432-0950

CR2E037 (1097)