

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:05

DOCUMENT # **747889** (4)

1. Corporation Name
GULF BREEZE LABORATORY EMPLOYEE RECREATION ASSOCIATION, INC.

Principal Place of Business Mailing Address
1 SABINE ISLAND DRIVE GULF BREEZE FL 32561-5299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/29/1979** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1922438** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**CRPE, GERALDINE M
3035 BAYVIEW WAY
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name **Emile M. LORES**
82 Street Address (P.O. Box Number is Not Acceptable) **3530 Wimbledon Dr.**
83
84 City **PENSACOLA** FL 85 Zip Code **32504**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Emile M. Lores*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MACAULEY, JOHN
STREET ADDRESS	1332 BAYSHORE TERRACE
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	V
NAME	DANIELS, CAROL
STREET ADDRESS	6145 WALDEN STREET
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	S
NAME	FOUSHEE, DORETHA
STREET ADDRESS	8847 BELLE MEADOW BLVD.
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	T
NAME	CRPE, GERALDINE M
STREET ADDRESS	3035 BAYVIEW WAY
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	D
NAME	STANLEY, ROMAN
STREET ADDRESS	201 SHORELINE DRIVE
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	GOODMAN, LARRY R
STREET ADDRESS	3215 NEWTON DRIVE
CITY-ST-ZIP	PENSACOLA FL 32504

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN R. SPARKS	
1.3 STREET ADDRESS	962 CORONADO DR.	
1.4 CITY-ST-ZIP	GULF BREEZE FL 32561	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stacy O. Montgomery	
2.3 STREET ADDRESS	1524 Paradise Bay Dr.	
2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fred Genthner	
3.3 STREET ADDRESS	702 Jamestown Dr.	
3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Emile M. LORES	
4.3 STREET ADDRESS	3530 Wimbledon Dr.	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **Emile M. LORES (Treas)** *Emile M. Lores*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/15/95** Daytime Phone # **(904) 934-9238**