08121999-90006-014-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 25 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

604869 - 90006 - 14

DOCUMENT # 749835

1. Corporation Name
THE RHYTHM LOVERS, INC.

Principal Place of Business	Mailing Address
2840 VALKYRY WAY P.O. BOX 17293 CANTONMENT FL 32533 1000 S. "K STREET" PENSACOLA, FL 32501	2840 VALKYRY WAY P.O. BOX 17293 CANTONMENT FL 32533 P.O. BOX 17293 PENSACOLA FL 32522

8/12/99 900060014 #61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/19/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BRAY, HERMAN K
2840 VALKYRY WAY
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name: BESS EKSTROM
82 Street Address (P.O. Box Number is Not Acceptable): 3221 W JACKSON ST
83 City: PENSACOLA, FL 32505
84 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: Bess D. Ekstrom — Sept. 15, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EKSTROM, BESS		1.2 NAME		
STREET ADDRESS	3221 W JACKSON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOTHARD ED S.		2.2 NAME		
STREET ADDRESS	4045 COLLINGSWOOD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	BEHRENDS, WILLIAM H JR		3.2 NAME	CHARLES GEMMELL	
STREET ADDRESS	1050 W. CARLTON RD.		3.3 STREET ADDRESS	5540 SHAMROCK	
CITY-ST-ZIP	PENSACOLA FL 32534		3.4 CITY-ST-ZIP	MILTON, FL 32570	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, CAROLYN		4.2 NAME		
STREET ADDRESS	2802 PINERIDGE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LILLIAN AL 32549		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	BRAY, HERMAN K		5.2 NAME	DAVID H. ELLIS	
STREET ADDRESS	2840 VALKYRY WAY		5.3 STREET ADDRESS	6405 E. BAY BLVD	
CITY-ST-ZIP	CANTONMENT FL 32533		5.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9/15/99 DAVID H. ELLIS
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

KE