

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 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
--	---	---

DOCUMENT # **751191** (8)

1. Corporation Name

BELLVIEW ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ROUTE 10 BOX 535
PENSACOLA FL 32526

P. O. BOX 37014
PENSACOLA FL 32526
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/22/1980
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2151226
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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

10. Name and Address of New Registered Agent

VINYARD, DON
2712 EUREKA LANE
PENSACOLA FL 32526

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

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 PD ☐ DELETE
NAME VINYARD, DON
STREET ADDRESS 2712 EUREKA LANE
CITY-ST-ZIP PENSACOLA FL

TITLE VPD ☒ DELETE
NAME MATHEWS, JAMES
STREET ADDRESS 2101 OAK STREAM AVENUE
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ DELETE
NAME BLEDSOE, PAMELA D
STREET ADDRESS 6832 CEDAR LAKE DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE SD ☐ DELETE
NAME BOSINGER, PATRICIA
STREET ADDRESS 5620 SCOTLAND TERRACE
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME KIMBREL, JAMES
2.3 STREET ADDRESS 6205 CHICAGO AVENUE
2.4 CITY-ST-ZIP PENSACOLA, FLORIDA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Don Vinard* **NOT REQUIRED**

1/29/98

(850)4389552

CR2E037 (10/97)