
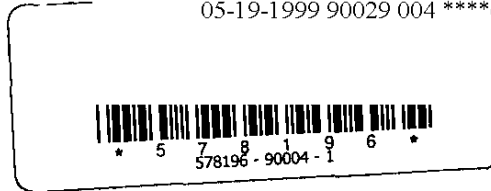


FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90029 003 *****8.75

05-19-1999 90029 004 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
			
DOCUMENT # 769895			
1. Corporation Name ENSLEY FOOTBALL ASSOCIATION, INC.			
Principal Place of Business 551 EAST NINE MILE PENSACOLA FL 32504		Mailing Address P.O. BOX 7125 PENSACOLA FL 32504	



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 08/18/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 27-1402041	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOODSON, PATTY 2814 RESSE LANE CANTONEMENT FL 32533				81 Name Jimmy Batchelor			
				82 Street Address (P.O. Box Number is Not Acceptable) 8587 COVE AVE			
				83			
				84 City PENSACOLA FL 85 Zip Code 32504			

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]* DATE: **6-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODSON, PATTY	1.2 NAME	Jimmy Batchelor
STREET ADDRESS	2814 RESSE LANE	1.3 STREET ADDRESS	8587 COVE AVE
CITY-ST-ZIP	CANTONEMENT FL 32555	1.4 CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHLOR, JIMMY	2.2 NAME	Patty Woodson
STREET ADDRESS	8587 COVE AVE	2.3 STREET ADDRESS	2814 Resse Lane
CITY-ST-ZIP	PENSACOLA FL 32534	2.4 CITY-ST-ZIP	Cantonment FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, ANNISTA	3.2 NAME	
STREET ADDRESS	2283 PATCHWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-26-99** (850) 478-6768

CR2E037 (1/798)