

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90265 036 ****61.25

DOCUMENT # N02000001622 1. Entity Name PENSACOLA MOPAR ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 6550 PENSACOLA BLVD PENSACOLA, FL 32505			Mailing Address P O BOX 279 CANTONMENT, FL 32533																																																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																						
City & State			City & State																																																																																																																																						
Zip		Country		Zip																																																																																																																																					
Country		Country		4. FEI Number 01-0613018																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent RAPPA, GAIL 3213 COPPER RIDGE CIRCLE CANTONMENT, FL 32533				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Signature: <i>Gail Rappa</i> <i>Treasurer</i> 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																									
SIGNATURE: <i>Gail Rappa</i> 4-26-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																									