


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90283 020 \*\*\*\*61.25

<b>DOCUMENT # N02000001622</b> 1. Entity Name <b>PENSACOLA MOPAR ASSOCIATION, INC.</b>					
Principal Place of Business <b>6550 PENSACOLA BLVD</b> <b>PENSACOLA, FL 32505</b>			Mailing Address <b>P O BOX 279</b> <b>CANTONMENT, FL 32533</b>		
2. Principal Place of Business <b>6911 Pensacola Blvd</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Pensacola, Florida</b>			City & State Suite, Apt. #, etc.		
Zip <b>32504</b>		Country <b>USA</b>		4. FEI Number <b>01-0613018</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAPPA, GAIL</b> <b>3213 COPPER RIDGE CIRCLE</b> <b>CANTONMENT, FL 32533</b>			7. Name and Address of New Registered Agent Name <b>HAM, GAYLE F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1175 PALISADES DRIVE</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32504</b>		
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 <u>Gayle F. Ham, GAYLE F. HAM</u> <u>3 MAR 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAPPA, RAYMOND 3213 COPPER RIDGE CIR CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COWAN, CORKY 7330 COMMUNITY DRIVE PENSACOLA, FL. 32526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILLMAN, EDDIE 467 W ROBERTS RD. CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAM, JOHN P. 1175 PALISADES DRIVE PENSACOLA, FL. 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COWAN, BECKY 7330 COMMUNITY DRIVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAPPA, GAIL 3213 COPPER RIDGE CIRCLE CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAM, GAYLE F. 1175 PALISADES DRIVE PENSACOLA, FL. 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Gayle F. Ham, GAYLE F. HAM</u> <u>3 MAR 05</u> <u>1-850-479-3409</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50023281**



01122005 Chg-NP CR2E037 (10/03)