

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07338 (9)

1. Corporation Name

GULF COAST ECONOMICS CLUB, INC.



Principal Place of Business

Mailing Address

117 W GARDEN STR
PENSACOLA FL 32593
US

% JOHN GRIFFING
PO BOX 550
PENSACOLA FL 32501
US

3. Date Incorporated or Qualified
01/28/1985

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2676159

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFING, JOHN
117 W. GARDEN STREET
PENSACOLA FL 32501**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**000001914890
-08/07/96--01015--045**

84 City

*****61.25**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, DORIS	
STREET ADDRESS	300 TONAWONDA DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOWE, PAT	
STREET ADDRESS	11000 UNIVERSITY PKWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WYLIE, JIMALENE	
STREET ADDRESS	117 W GARDEN STR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FRICK, MIKE	
STREET ADDRESS	102 E GARDEN STR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FAIRCHILD, CHARLES	
STREET ADDRESS	510 S. PALAFOX	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFING, JOHN	
STREET ADDRESS	117 W GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WERNICKE, PATTI	
13 STREET ADDRESS	3695 NORTH "L" STREET	
14 CITY-ST-ZIP	PENSACOLA, FL 32505	
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JACOBI, DAVID	
23 STREET ADDRESS	316 SOUTH BAYLEN STREET	
24 CITY-ST-ZIP	PENSACOLA, FL 32501	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARTINEZ, PATTIE	
33 STREET ADDRESS	117 WEST GARDEN STREET	
34 CITY-ST-ZIP	PENSACOLA, FL 32501	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	SMART, WILLIAM	
43 STREET ADDRESS	3901 WEST MADARA ROAD	
44 CITY-ST-ZIP	GULF BREEZE, FL 32561	
51 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	SMITH, ROAY	
53 STREET ADDRESS	2740 BANQUOS TRAIL	
54 CITY-ST-ZIP	PENSACOLA, FL 32503	
61 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	GRIFFING, JOHN	
63 STREET ADDRESS	117 WEST GARDEN STREET	
64 CITY-ST-ZIP	PENSACOLA, FL 32501	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

904-438-4081

Daytime Phone #

CR2E037 (12/95)