SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26517** **(5)**

1. Corporation Name

NORTHWEST FLORIDA PALOMINO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% TONYA K. JERKINS 6704 HELMS RD. PENSACOLA FL 32526	% TONYA K. JERKINS 6704 HELMS RD. PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1988
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2976860 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JERKINS, TONYA K.
6604 HELMS RD.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

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: (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (Date)
01 TITLE	P - D	☐ Change ☐ Addition
02 NAME	HARDIN, CLIFF	
03 STREET ADDRESS	RT 1 BOX 113	
04 CITY-ST-ZIP	ASHFORD AL	
11 TITLE	VP - D	☐ Change ☐ Addition
12 NAME	LAKE, LINDA J	
13 STREET ADDRESS	6751 HURST HAMMOCK RD.	
14 CITY-ST-ZIP	PENSACOLA FL	
21 TITLE	D	☐ Change ☐ Addition
22 NAME	JOHNSON, LUCILE	
23 STREET ADDRESS	2041 W. NINE MILE RD.	
24 CITY-ST-ZIP	CANTONMENT FL	
31 TITLE	ST	☐ Change ☐ Addition
32 NAME	JERKINS, TONYA K	
33 STREET ADDRESS	6704 HELMS RD	
34 CITY-ST-ZIP	PENSACOLA FL	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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-07/25/95--01036--025
****155.00 ☐ ****155.00

7/19/95 MB

14. I declare I certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I 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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Tonya K Jerkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/95
Date

904 944-6693
Daytime Phone #

CR2E037 (3/95)

0018402