

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 # 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

3. Date Incorporated or Qualified **05/20/1988** 3a. Date of Last Report **07/19/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2976860	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, CLIFF	1.2 NAME	
STREET ADDRESS	RT 1 BOX 113	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASHFORD AL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, LINDA J	2.2 NAME	
STREET ADDRESS	6751 HURST HAMMOCK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LUCILE	3.2 NAME	
STREET ADDRESS	2041 W. NINE MILE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE	ST-D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERKINS, TONYA K	4.2 NAME	
STREET ADDRESS	6704 HELMS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	PRESIDENT-D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed NORTH	5.2 NAME	
STREET ADDRESS	419 N. ULTRA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TERRY, MISS 39170-9648	5.4 CITY-ST-ZIP	
TITLE	V-PRES-D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE FETZER	6.2 NAME	
STREET ADDRESS	6025 W NINE MILE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEN. FLA 32526-5252	6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE:

Tonya K. Jerkins Sec-Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-96

9446695

CR2E037 (12/95)