


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90055 038 \*\*\*\*61.25

0078262

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N34201**

1. Corporation Name

**GREATER PENSACOLA AREA ANTIQUE DEALERS ASSOCIATION, INCORPORATED**

104401 - 90055 - 38

Principal Place of Business

% RICHARD B MILLS  
4302 YARMOUTH PLACE  
PENSACOLA FL 32514

Mailing Address

% RICHARD B MILLS  
4302 YARMOUTH PLACE  
PENSACOLA FL 32514



2. Principal Place of Business 21 8508 Punta Lora Suite, Apt. #, etc. 22 City & State 23 Pensacola FL Zip 24 32514	2a. Mailing Address 26 8508 Punta Lora Suite, Apt. #, etc. 27 City & State 28 Pensacola FL Zip 29 32514	3. Date Incorporated or Qualified 09/13/1989 4. FEI Number 59-2989421 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

9. Name and Address of Current Registered Agent

MILLS, RICHARD B.  
4302 YARMOUTH PLACE  
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
	8508 Punta Lora	Pensacola, FL	FL	32514

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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIFERT, SUSAN	1.2 NAME	MILLER, PATRICIA
STREET ADDRESS	217 S. ALCANIZ ST	1.3 STREET ADDRESS	712 E. GREGORY ST.
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KICKLITER, MARIANNE	2.2 NAME	SPENCER, HAZEL
STREET ADDRESS	805 E. GADSDEN	2.3 STREET ADDRESS	805 E. GADSDEN
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, JULIANA	3.2 NAME	MILLS, JULIANA
STREET ADDRESS	4302 YARMOUTH PL	3.3 STREET ADDRESS	8508 PUNTA LORA
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRESS, DONDRA	4.2 NAME	MILLS, RICHARD B.
STREET ADDRESS	4150 MENENDEZ ROAD	4.3 STREET ADDRESS	8508 PUNTA LORA
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*Signature of Richard B. Mills* 2/10/99 850-476-1165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (11/98)