

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35399 (7)
1. Corporation Name
GULF BREEZE HIGH SCHOOL ATHLETIC COUNCIL, INC.

Principal Place of Business

Mailing Address

**RAY & KIEVIT
15 WEST MAIN STREET
PENSACOLA FL 32501**

**RAY & KIEVIT
15 WEST MAIN STREET
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/22/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3038735** 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 ☒ **\$68.75 Supplemental Fee Not Required**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY & KIEVIT
%LOUIS F. RAY, JR.
15 WEST MAIN STREET
PENSACOLA FL 32501**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOSSEY, BILL
STREET ADDRESS	508 DRACENA WAY
CITY - ST - ZIP	GULF BREEZE FL
TITLE	VD
NAME	ALLEGRETTI, MARY
STREET ADDRESS	406 DOLPHIN ST
CITY - ST - ZIP	GULF BREEZE FL
TITLE	SD
NAME	ALFORD, DEE
STREET ADDRESS	319 DEER POINT DR
CITY - ST - ZIP	GULF BREEZE FL
TITLE	TD
NAME	SKEELES, LINDA
STREET ADDRESS	4182 EAST VIEW PLACE
CITY - ST - ZIP	GULF BREEZE FL
TITLE	D
NAME	FEDEROVICH, PETE
STREET ADDRESS	212 AZALEA DRIVE
CITY - ST - ZIP	GULF BREEZE FL
TITLE	D
NAME	LEDDY, CAROLYN
STREET ADDRESS	410 DEER POINT DR.
CITY - ST - ZIP	GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Allegretti, Mary	
1.3 STREET ADDRESS	406 Dolphin St	
1.4 CITY - ST - ZIP	Gulf Breeze, FL 32561	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Bob Van Slyke	
2.3 STREET ADDRESS	88 High Point Dr	
2.4 CITY - ST - ZIP	Gulf Breeze, FL 32561	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	PAT Rawson	
5.3 STREET ADDRESS	104 Nightingale Ln	
5.4 CITY - ST - ZIP	Gulf Breeze, FL 32561	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda L. Skeeles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda L. Skeeles

4/25/95

904-932-5465

Daytime Phone #