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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35399** (7)
1. Corporation Name
GULF BREEZE HIGH SCHOOL ATHLETIC COUNCIL, INC.

Principal Place of Business RAY & KIEVIT 15 WEST MAIN STREET PENSACOLA FL 32501	Mailing Address RAY & KIEVIT 15 WEST MAIN STREET PENSACOLA FL 32501
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3. Date Incorporated or Qualified
11/22/1989

4. FEI Number 59-3038735	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business KIEVIT, KELLY & ODOM Suite, Apt. #, etc. 15 WEST MAIN ST. City & State PENSACOLA, FL Zip 32501	2a. Mailing Address KIEVIT, KELLY & ODOM Suite, Apt. #, etc. 15 WEST MAIN ST. City & State PENSACOLA, FL Zip 32501
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RAY, KIEVIT & KELLY, P.A.
15 WEST MAIN STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name KIEVIT, KELLY & ODOM, P.A.
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 *Robert M. Quinn, President* **Feb 17, 1998**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME VAN SLYKE, BOB	STREET ADDRESS 88 HIGHPOINT	CITY-ST-ZIP GULF BREEZE FL 32561	<input checked="" type="checkbox"/> DELETE
TITLE VD	NAME ORLANDO, JOHN	STREET ADDRESS 227 SABINE DRIVE	CITY-ST-ZIP PENSACOLA BEACH FL 32561	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME DICKERSON, KAYE	STREET ADDRESS 828 BAY CLIFFS CIRCLE	CITY-ST-ZIP GULF BREEZE FL 32561	<input type="checkbox"/> DELETE
TITLE TD	NAME RAWSON, PAT	STREET ADDRESS 327 ANDREW JACKSON TRAIL	CITY-ST-ZIP GULF BREEZE FL 32561	<input type="checkbox"/> DELETE
TITLE D	NAME EDER, MARY	STREET ADDRESS 4633 SMOKEY ROAD	CITY-ST-ZIP GULF BREEZE FL 32561	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME CHAMBERLIN, SALLY	STREET ADDRESS 1767 ENSENADA DOS	CITY-ST-ZIP PENSACOLA BEACH FL 32561	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	NAME CHAMBERLIN, SALLY	STREET ADDRESS 1767 ENSENADA DOS	CITY-ST-ZIP PENSACOLA BEACH, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE VD	NAME DALTON, DAVE	STREET ADDRESS 1099 HARBOR LANE	CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE D	NAME WILSON, SABRA	STREET ADDRESS 3854 SABER TOOTH CIR.	CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE D	NAME KOSTIC, MARK	STREET ADDRESS 204 PALMETTO ROAD	CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Pat Rawson* **UNLISTED**
2-6-98 (850-932-6131)

CR2E037 (10/97)