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May 10, 1999 8:00 am
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05-10-1999 90221 034 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35399

1. Corporation Name

GULF BREEZE HIGH SCHOOL ATHLETIC COUNCIL, INC.

Principal Place of Business

C/O KIEVIT, KELLY & ODOM
15 WEST MAIN ST
PENSACOLA FL 32501
US

Mailing Address

C/O KIEVIT, KELLY & ODOM
15 WEST MAIN ST
PENSACOLA FL 32501
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/22/1989

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIEVIT, KELLY & ODOM P
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 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
NAME CHAMBERLIN, SALLY
STREET ADDRESS 1767 ENSENADA DOS
CITY-ST-ZIP PENSACOLA BEACH FL 32561

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME DALTON, DAVE
STREET ADDRESS 1099 HARBOR LANE
CITY-ST-ZIP GULF BREEZE FL 32561

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME DICKERSON, KAYE
STREET ADDRESS 828 BAY CLIFFS CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32561

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME RAWSON, PAT
STREET ADDRESS 327 ANDREW JACKSON TRAIL
CITY-ST-ZIP GULF BREEZE FL 32561

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WILSON, SABRA
STREET ADDRESS 3854 SABER TOOTH CIR
CITY-ST-ZIP GULF BREEZE FL 32561

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME CHAMBERLIN, SALLY
STREET ADDRESS 1767 ENSENADA DOS
CITY-ST-ZIP PENSACOLA BEACH FL 32561

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Patricia S. Rawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. Rawson
DATE

850-932-6131
Daytime Phone #

CR2E037 (11/98)