

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N40349** (5)

1. Corporation Name

GULF COAST MIDGET FOOTBALL LEAGUE, INC.



Principal Place of Business

POST OFFICE BOX 938
PANAMA CITY FL 32402

Mailing Address

POST OFFICE BOX 938
PANAMA CITY FL 32402

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

3. Date Incorporated or Qualified
09/20/1990

3a. Date of Last Report
11/01/1995

4. FEI Number
59-3049341

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHALEY, JIMMY
102 MOODY DRIVE
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **PD WHALEY, JIMMY**
STREET ADDRESS **102 MOODY DRIVE**
CITY - ST - ZIP **SPRINGFIELD FL 32404**

TITLE ☐ DELETE
NAME **VP SEXTON, ANGELA**
STREET ADDRESS **3625 E 14TH ST**
CITY - ST - ZIP **PANAMA CITY FL 32404**

TITLE ☒ DELETE
NAME **S SANFORD, ALLEN**
STREET ADDRESS **7136 EVEREST ST.**
CITY - ST - ZIP **PANAMA CITY FL 32404**

TITLE ☒ DELETE
NAME **T SEXTON, ANGELA**
STREET ADDRESS **3625 3 A4TH ST**
CITY - ST - ZIP **PANAMA CITY FL 32404**

TITLE ☒ DELETE
NAME **C SMITH, ROSE**
STREET ADDRESS **2307 E 10TH ST**
CITY - ST - ZIP **PANAMA CITY FL 32401**

TITLE ☒ DELETE
NAME **R TATE, FRANK**
STREET ADDRESS **219 CLAIRE AVE.**
CITY - ST - ZIP **PANAMA CITY FL 32401**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☒ Addition

31 TITLE ☐ Change ☒ Addition
32 NAME **S CLARK, SHARON**
33 STREET ADDRESS **2525 BRUCE ST**
34 CITY - ST - ZIP **PANAMA CITY BEACH, FL 32407**

41 TITLE ☐ Change ☒ Addition
42 NAME **T WHITTINGTON, ADELAIDE**
43 STREET ADDRESS **1508 AIRPORT DR**
44 CITY - ST - ZIP **PANAMA CITY, FL 32405**

51 TITLE ☐ Change ☒ Addition
52 NAME **D CHALKER, KIM**
53 STREET ADDRESS **503 INDIANA AVE**
54 CITY - ST - ZIP **LYNN HAVEN, FL 32444**

61 TITLE ☐ Change ☒ Addition
62 NAME **D CAIN, PERRY**
63 STREET ADDRESS **709 BAYWOOD DR**
64 CITY - ST - ZIP **LYNN HAVEN, FL 32444**

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:

Adelaide Whittington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADELAIDE WHITTINGTON

7-7-96
Date

904-265-5544
Daytime Phone #

0016644

CR2E037 (3/96)