

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

**APPROVED
FILED**

SECRETARY - MAY 11 1995
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # **N43162** (9)
1. Corporation Name
PENSACOLA CHARTER BOAT ASSOCIATION, INC.

Principal Place of Business: **719 S PALAFOX STRET PENSACOLA FL 32501**
Mailing Address: **719 S PALAFOX STRET PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/26/1991** 3a. Date of Last Report: **04/25/1994**

4. FEI Number: **59-2883797** 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 USR, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address

21. **PO Box 1604** 26. **PO Box 1604**
State: Apt #, etc: State: Apt #, etc:
Pensacola FL 27. **Pensacola FL**
City & State: City & State:
32597 USA 28. **32597 USA**

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**WORK, E. GARY JR
226 S PALAFOX PLACE
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **1940 St. Mary Ave**
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 of Registered Agent or Requester) _____ (Signature of Registered Agent or Requester)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ANDREWS, JERRY
STREET ADDRESS	405 WILLIAMSBURG DR.
CITY, ST, ZIP	GULF BREEZE FL
TITLE	VD
NAME	BEARD, EILENE
STREET ADDRESS	719 S. PALAFOX ST.
CITY, ST, ZIP	PENSACOLA FL
TITLE	SD
NAME	WEST, WYLIE
STREET ADDRESS	600 S. BARRACKS STREET
CITY, ST, ZIP	PENSACOLA FL
TITLE	TD
NAME	FETZER, JOHN C
STREET ADDRESS	6025 W 9 MILE RD
CITY, ST, ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12:

11. TITLE	SEC / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS	412 DEER POINT	
14. CITY, ST, ZIP	32561	
21. TITLE	TRES / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP	32501	
31. TITLE	V. PRES / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS	4300 Bayou Blvd. #30-A	
34. CITY, ST, ZIP	32503	
41. TITLE	PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	DR.	
43. STREET ADDRESS		
44. CITY, ST, ZIP	32526	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 Sections 339.07(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: *Eileen Beard* *Eilene Beard* 4-17-95 904-433-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR