FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| ANN | 1996 | | / | Secretary of State | | | | | | | | | | |
|---|--------------------------------|--------------------------|--|--------------------|---------|--------------|--------------|-------------------|---------------------------------------|-----------------------------|----------------------------|------------------------------------|----------------|---------------------------------|
| DOCU 1. Corporation | MENT # | N43162 | (9) | | | | | | | | | | | |
| l ' | ACOLA CHARTE | R BOAT ASSO | CIATION INC | | | | | | | | | | | |
| | | | ORTHOR, 1110. | | | | | 111 | ANNIAN ANI ANIA | £ (1):81 (16):6 (| | Biðir skal | | |
| Principal Plac | e of Business | | Mailing Address | | | | | | | | | | | |
| P O BOX 16 | | | P O BOX 1604 | | | | | | | | | | | |
| PENSACOLA FL 32597 | | | PENSACOLA FL 32597 | | | | | | | | | | | |
| US | | | US | | | | } | 3. Date In | corporated | or Qualifie | d 3a | Date of | Lact | Poport |
| | | | | | | | | 04 | corporated /26/199 | 1 | | 05/0 | | |
| Principal Place of Business Section | | | 2a. Mailing Address | | | | 4. FEI Nur | mber -288379 | 7 | | • | | Applied For | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | | 2003/8 | <u> </u> | | | | Vot Applicable |
| 22 | | : | 27 | | | | | 5. Certifica | ate of Statu | s Desired | | | | Additional Required |
| City & Stat | е | | City & State | | | | | 6. Election | Campaign | Financino | | | | May Be |
| Zip | | | 28 | - | | | | | und Contrib | _ | | | | o may be of to Fees |
| 24 | 25 | intry | Zip 29 | 30 Cou | ntry | | | 8. This co | rporation ha | as liability fo | | | ler s. | 199.032, |
| | | dress of Current Re | | [30] | | | i | 10. Name | Statutes and Addre | ss of New | Register | | .— | |
| | | - | | | 81 | Name | | | | | riogiatori | N NYON | <u> </u> | |
| | E. GARY JR | | | } | 82 | Street | t Adviross | s (P.O. Box I | Number ie N | lot Accord | oblo | | | |
| | MARY AVE | | | ļ | | | | - (10. DOX 1 | · · · · · · · · · · · · · · · · · · · | | aule) | | | |
| PENASU | OLA FL 32501 | | | | 83 | | | | | | | | | |
| | | | | ł | 84 | City | | | | | | . 85 | Zin | Code |
| 11. Pursuant | to the provisions of Se | actions 617 0502 and | 617.1508, Florida Statut | os the above | | | | | | | F | <u>L </u> | <u>L</u> . | |
| or register familiar wi | red agent, or both, in | the State of Florida, S | Such change was authoriz 117.0503, Florida Statutes | ed by the c | orpo | oration's | s board o | of directors. | nis stateme I hereby aci | nt for the p cept the ap | ourpose of a opointment | changing as r o gist | its re ered | egistered office agent. I am |
| SIGNATURE | and decopt the oc | ingulations of Decilor C | 17.0000, Florida Statutes | . | | | | | | | | | | J |
| | Signature, typed or printed na | | | TF: Registered | Agent | signature i | required whe | | | | DATE | | | |
| 12. | SD | OFFICERS AND DIF | | 13. | | | | | DNS/CHAN | | | | | RS IN 12 |
| NAME | ANDREWS, JEF | RY | DELETE | 11717 | | | PRE | SIDEN | T | MRECT | 3K) | ⊯ €ha | nge | Addition |
| STREET ADDRESS | 412 DEER POIN | | | 1 2 NA | | | | V | RRY DE | more | (U) | | | |
| DITY-ST-ZIP | GULF BREEZE | | | | | ADDRESS | - | 3256 | 414 31 | ec22_2 | KL 3 | 256 | . 1 | |
| TITLE | TD | | DELETE | 1.4 CIT 2 1 TIT | | <u>- ZIP</u> | | B SUKE | <u>'</u> | | | Chai | | Addition |
| NAME | Beard, Eilene | | | 2 2 NA | ME | | ''' | | | | | | ige: | - Adomon |
| STREET ADDRESS | 719 S. PALAFO | | | 2 3 STF | REET # | ADDRESS | | 71 | tene (| Letox | 53 | | | |
| CITY-ST-ZIF | PENSACOLA FL | | | 2 4 CH | ry - Si | - ZIP | 1 : | 3250 | | عادي | FL 3 | 250 | j | |
| TITLE | vpd West, Wylie | | DELETE | 3 1 TiTi | LE | | VP | BIESI PE | W7 (P | IREC: | TOPR) | Char | nge | Addition |
| NAME STREET ARRESTOR | 4300 BAYOU B | UD ASO A | | 3 2 NA | | | Je | ff er. | Phil | lips | | | | |
| STREET ADDRESS CITY-ST-ZIP | PENSACOLA FL | | | | | DDRESS | | S W. | | | | | | |
| TITLE | PD | | DELETE | 3.4 CIT | | - ZIP | | ام عدم | | | | | | |
| NAME | FETZER, JOHN | С | | 4.1 TITL | | | | AG VA | | | Ton) | Criar | ige | Addition |
| STREET ADDRESS | 6025 W 9 MILE | | | 4.2 NA | | nonrec | | AKE M | | | C.L | | | |
| CITY-ST-ZIP | PENSACOLA FL | | | 4.3 STH | | DDAESS | | E In | | | | | | |
| TITLE | | | DELETE | 5.1 TiTL | | - 115 | Y = | anscu | pla F | _ 32 | >01 | Chan | | Addition |
| NAME | | | | 5 2 NAM | | | | | | | | Onal | Ac | ☐ vogition |
| STREET ADDRESS | | | | | | DORESS | | | | | | | | |
| CITY-ST-ZIP | | | | 5.4 CIT | | | | | | | | | | |
| TITLE | | | DELETE | 6 1 TITL | | | | | | | | Chan | ge | Addition |

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)(k), Florida Statutes. I further certify 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.

62 NAME

6.3 STREET ADDRESS

| SIGNATURE | : |
|-----------|---|
|-----------|---|

NAME

STREET ADDRESS

Edon Bend Filane Beard 42696 904-433-4319 BORNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Delte Daylore Phone A

CR2E037 (12/95)