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Jun 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N43162 (9)

1. Corporation Name

PENSACOLA CHARTER BOAT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1804
PENSACOLA FL 32597
US

P O BOX 1804
PENSACOLA FL 32597-1604
US



3. Date Incorporated or Qualified
04/26/1991

3a. Date of Last Report
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORK, E. GARY JR
1940 ST MARY AVE
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 SD
NAME ANDREWS, JERRY
STREET ADDRESS 412 DEER POINT
CITY-ST-ZIP GULF BREEZE FL

1.1 TITLE V.P.D.
1.2 NAME ANDREWS, JERRY
1.3 STREET ADDRESS 412 DEER POINT
1.4 CITY-ST-ZIP GULF BREEZE, FL 32541

TITLE TD
NAME BEARD, EILENE
STREET ADDRESS 719 S. PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE TD
2.2 NAME BEARD, EILENE
2.3 STREET ADDRESS 719 S. PALAFOX ST.
2.4 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE VPD
NAME WEST, WYLIE
STREET ADDRESS 4300 BAYOU BLVD. #30-A
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE TD
3.2 NAME STEPHENS, WYLIE
3.3 STREET ADDRESS 421 TWIM LAKES DR
3.4 CITY-ST-ZIP PENSACOLA, FL 32504

TITLE PD
NAME FETZER, JOHN C
STREET ADDRESS 8025 W 9 MILE RD
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE SD
4.2 NAME MASSEY, BLAKE
4.3 STREET ADDRESS 414 E. INTENDENCIA ST.
4.4 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE PD
NAME ANDREWS, JERRY
STREET ADDRESS 412 DEER POINT
CITY-ST-ZIP GULF BREEZE FL 32501

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

TITLE T
NAME PHILLIPS, JEFFERY
STREET ADDRESS 705 W GOVERNMENT ST
CITY-ST-ZIP PENSACOLA FL 32501

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)