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NONPROFIT CORPORATION ANNUAL REPORT



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

1999 1999

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



Principal Place of Business P O BOX 1604 PENSACOLA FL 32597 US
Mailing Address P O BOX 1604 PENSACOLA FL 32597 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 30

3. Date Incorporated or Qualified 04/26/1991
4. FEI Number 59-2883797 Applied Not App
5. Certificate of Status Desired \$8.75 Addtl Fee Require
6. Election Campaign Financing Trust Fund Contribution \$5.00 May F Added to Fee
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent WORK, E. GARY JR 1940 ST MARY AVE PENSACOLA FL 32501
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 regi 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 regi 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	
TITLE	VPD	1.1 TITLE	
NAME	ANDREWS, JERRY	1.2 NAME	
STREET ADDRESS	412 DEER POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	BEARD, EILENE	2.2 NAME	
STREET ADDRESS	719 S. PALAFOX ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	WEST, WYLIE	3.2 NAME	WYLIE STEPHENS
STREET ADDRESS	421 TWIN LAKES DR	3.3 STREET ADDRESS	421 TWIN LAKES DR.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	SD	4.1 TITLE	
NAME	MASSEY, BLAKE	4.2 NAME	
STREET ADDRESS	414 E INTENDENCIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 inform 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wylie Stephens WYLIE STEPHENS 5/20/99 650) 479-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 007810