

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N43615** (6)  
1. Corporation Name  
**THE GULF BREEZE - PENSACOLA BEACH JAYCEES, INC.**



Principal Place of Business Mailing Address  
**POST OFFICE BOX 489** **POST OFFICE BOX 489**  
**GULF BREEZE FL 32562** **GULF BREEZE FL 32562**

3. Date Incorporated or Qualified **05/23/1991** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2878543** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
30

9. Name and Address of Current Registered Agent

**FURTH, JEFFREY**  
**2978 W RANCHETTE SQUARE**  
**GULF BREEZE FL 32561**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	CASTON, RACHEL	3151 CLEMSON RD.	GULF BREEZE FL	<input type="checkbox"/>
SD	MADDEN, TOM	10 CAMELIA ST	GULF BREEZE FL	<input type="checkbox"/>
CD	WHEELER, JASON	3281 WHISTLER DR.	PENSACOLA FL	<input type="checkbox"/>
MD	SMITH, CLAYTON	W. GARDEN STREET	PENSACOLA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PD	Joe Freeland	6312 Clegg Rd	Pensacola FL 32526	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Olivero, Robin	2963 Ranchette St	Gulf Breeze, FL 32561	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CD	Bill Lytte	115 W. Larva St #2	Pens. FL 32501	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Robin Olivero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)