

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 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 # **N46734** (2)

1. Corporation Name

PENSACOLA/GULF BREEZE MUFON, INC.

Principal Place of Business

**2300 HALLMARK DR
PENSACOLA FL 32503**

Mailing Address

**2300 HALLMARK DR
PENSACOLA FL 32503-3437**

3. Date Incorporated or Qualified
01/06/1992

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3115179

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUFFORD II, ARTHUR D.
2300 HALLMARK DR
PENSACOLA FL 32503**

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 **DP** ☐ DELETE

NAME **HUFFORD, ARTHUR D II**

STREET ADDRESS **2300 HALLMARK DR**

CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☐ DELETE

NAME **MORRISON BRUCE**

STREET ADDRESS **107 W GREGORY ST**

CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD** ☐ DELETE

NAME **ECKERT, BOOTS**

STREET ADDRESS **684 WYNNEHURST ST**

CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD** ☐ DELETE

NAME **WEATHERFORD, PATI**

STREET ADDRESS **606 N. 68TH AVE.**

CITY-ST-ZIP **PENSACOLA FL 32508**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TD
WHEELER, PATTI
2985 BAY STREET
GULF BREEZE FL 32561**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

ARTHUR D. HUFFORD II 1-12-97 (904) 968-8456

CR2E037 (9/96)