## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandre B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

POCUI I. Corporation	MENT # N467	34 (2)			
PENSACOLA/GULF BREEZE MUFON, INC.					
	•				
Principal Place of Business Malling Address				T INCOLUMN ON DADIO CHAIL INDICE TATA DICENTIAN OLDIN OLDIN OLDIN OLDIN OLDIN OLDIN OLDIN INDICENTIA	
2300 HALLMARK DR 2300 HALLMARK DR					3. Date Incorporated or Qualified
PENSACOLA FL 32503 PENSACOLA FL 32503					01/06/1992
ļ					4, FEI Number Applied For
					59-3115179 Not Applicable
	ace of Business	2e. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
					7. Is this nonprofit corporation a homeowners association?
23	28				☐ Yes 🚨 No
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year intangible
24	[25]	29	30		Personal Property Tax due June 30. Yes 🔀 No
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Registered Agent
LUCCO	IN H. ADTHUD D				
HUFFORD II, ARTHUR D. 2300 HALLMARK DR				Street a	Address (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32503				<del> </del>	<u> </u>
T DIGNOODA I E OEGO					
ļ			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 .					
12.	Signature, typed or printed name of registered	agent and title if applicable. (NO AND DIRECTORS	TE: Registered A	ent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICERS:	DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREE	T ADDRESS	
CrTY-ST-ZVP	05104001454		1.4 CITY-	ST-ZIP	
TITLE	VD	DELETE	2.1 TITLE		VD ☐ Change 🗷 Addition
NAME	MORRISON BRUCE		2.2 NAME		VICKI P. LYONS
STREET ADDRESS	107 17 03.20 0117 01		2.3 STREE	T ADDRESS	1450 N. 11th Avenue
CITY-ST-ZIP	PENSACOLA FL	DELETE	2. 4 CITY		PENSACOLA, FL 32503
TITLE	SD ECKEDT BOOTS	ן ַ טנונוּןנּ	3.1 TITLE		Change Addition
NAME	ECKERT, BOOTS 684 WYNNEHURST ST		3.2 NAME		
STREET ADDRESS	PENSACOLA FL		3.3 STREET ADDRES 3.4. CITY - ST - ZIP		
CITY-ST-ZIP TITLE	TD	DELETE	4.1 TITLE		Change Addition
NAME	WHEELER, PATTI		4. 2 NAM		
STREET ADDRESS	2985 BAY STREET			T ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP		T ACIETY	5.4 CITY-		D Observe T Laboratoria
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	

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 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 2/10/98 (850)438-5862

**SIGNATURE:** 

ARTHUR D. HUFFORD I

**FILED** 

Apr 06 1998 8:00am

Secretary of State