

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90004 004 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N46734**

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/06/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3115179	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. 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	
				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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFORD, ARTHUR D II	1.2 NAME	
STREET ADDRESS	2300 HALLMARK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, VICKI P.	2.2 NAME	
STREET ADDRESS	1450 N 11TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, BOOTS	3.2 NAME	
STREET ADDRESS	684 WYNNEHURST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, PATTI	4.2 NAME	
STREET ADDRESS	2985 BAY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE:

Arthur D. Hufford II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARTHUR D. HUFFORD II 1-9-99 (850)438-5863

CR2E037 (11/98)