SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47621** **(0)**

1. Corporation Name
GULF BREEZE HIGH SCHOOL DRAMA BOOSTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1209 CATHLEEN CIRCLE GULF BREEZE FL 32561	1209 CATHLEEN CIRCLE GULF BREEZE FL 32561

3. Date Incorporated or Qualified: **02/27/1992**
3a. Date of Last Report: **10/05/1994**
4. FEI Number: **NOT APPLICABLE** — Applied For ☐ / Not Applicable ☒
2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TIMMONS, MARGIE 1209 CATHLEEN CIRCLE GULF BREEZE FL 32561	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PT	☒ Change ☐ Addition
NAME	WHEATLEY,	12 NAME	MARY MORRISSEY	
STREET ADDRESS	P.O. BOX BOX 306 N. SUNSET BLVD.	13 STREET ADDRESS	TT	
CITY ST ZIP	GULF BREEZE FL 32561	14 CITY ST ZIP	2658 SETTLERS Colony Blvd. GULF BREEZE FL. 32561	
TITLE	VT	21 TITLE	VT	☒ Change ☐ Addition
NAME	TAYLOR, LINDA	22 NAME	MARTHA MALLETT	
STREET ADDRESS	310 FAIRPORT DR.	23 STREET ADDRESS	4 SABINE DR.	
CITY ST ZIP	GULF BREEZE FL 32562-0744	24 CITY ST ZIP	Pensacola, Beach, FL. 32561	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	MALLETT, MARTHA	32 NAME		
STREET ADDRESS	4 SABINE DR.	33 STREET ADDRESS		
CITY ST ZIP	PENSACOLA BCH. FL 32561	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	TIMMONS, MARGIE P.	42 NAME		
STREET ADDRESS	1209 CATHLEEN CIRCLE	43 STREET ADDRESS		
CITY ST ZIP	GULF BREEZE FL 32561	44 CITY ST ZIP		
TITLE	TT	51 TITLE		☐ Change ☐ Addition
NAME	ROLDEBUCH, BILL	52 NAME		
STREET ADDRESS	300 FAIRPOINT DR.	53 STREET ADDRESS		
CITY ST ZIP	GULF BREEZE FL 32561	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E037 (3/95)

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)(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: Mary Morrissey — 7-14-95 — (904) 435-8494 ext 14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018602