

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 # N50399

(7)

1. Corporation Name

USO OF GREATER PENSACOLA AREA, INC.



Principal Place of Business

Mailing Address

**120 ENTRANCE RD
PENSACOLA FL 32507**

**P. O. BOX 4321
PENSACOLA FL 32507-0321
US**

3. Date Incorporated or Qualified
08/13/1992

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 NAS Pensacola
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Bldg. 625D
City & State

27 City & State

23 Pensacola FL

28

24 Zip **32508** Country

29 Zip **30** Country

4. FEI Number
59-2865567

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHIBBS, VINCE JR
30 S SPRING STREET
PENSACOLA FL 32501**

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 617.1503, 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 provisions 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	DC	<input type="checkbox"/> DELETE
NAME	WHIBBS, VINCE JR.	
STREET ADDRESS	30 S. SPRING ST	
CITY - ST - ZIP	PENSACOLA ST	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	PAPPAS, ROBERT L. C	
STREET ADDRESS	334 ANDREW JACKSON TRAIL	
CITY - ST - ZIP	GULF BREEZE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FLOWERS, MARGARET	
STREET ADDRESS	4224 SPANISH TRAIL PL.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DTC	<input type="checkbox"/> DELETE
NAME	PENDLETON, BEN C	
STREET ADDRESS	4630 BAYWOOD CIRCLE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WINDHAM, PAT	
STREET ADDRESS	270 N. PALAFOX ST.	
CITY - ST - ZIP	PENSACOLA ST	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JOHN R.	
STREET ADDRESS	2201 W. GOVERNMENT ST.	
CITY - ST - ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WHIBBS, VINCE JR.	
13 STREET ADDRESS	118 W. CERVANTES	
14 CITY - ST - ZIP	PENSACOLA FL 32501	
21 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PENFOLD, CAPT ROBERT	
23 STREET ADDRESS	125 W. ROMANA ST.	
24 CITY - ST - ZIP	PENSACOLA FL 32501	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	PAT WINDHAM	
53 STREET ADDRESS	270 N. PALAFOX ST.	
54 CITY - ST - ZIP	PENSACOLA FL 32501	
61 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	JERRY MORRISON	
63 STREET ADDRESS	201 N. PALAFOX ST.	
64 CITY - ST - ZIP	PENSACOLA FL 32501	

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: PAT WINDHAM, PRESIDENT

1/17/96

(904) 435-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)