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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50399** (7)

1. Corporation Name

USO OF GREATER PENSACOLA AREA, INC.



Principal Place of Business	Mailing Address
NAS PENSACOLA BUILDING 625D PENSACOLA FL 32508 US	P. O. BOX 4321 PENSACOLA FL 32507-0321 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified	08/13/1992	
4. FEI Number	59-2865567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 WHIBBS, VINCE JR.
	82 Street Address (P.O. Box Number is Not Acceptable) 421 N. PALAFOX ST.
	83
	84 City PENSACOLA FL 85 Zip Code 32501

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIBBS, VINCE JR.	1.2 NAME	WHIBBS, VINCE JR.
STREET ADDRESS	118 WEST CERVANTES	1.3 STREET ADDRESS	421 N. PALAFOX ST.
CITY-ST-ZIP	PENSACOLA ST	1.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENFOLD, CAPT ROBERT	2.2 NAME	GOODLOE, VANN, JR.
STREET ADDRESS	125 WEST ROMANA STREET	2.3 STREET ADDRESS	30 S. SPRING ST.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLSON, JOAN	3.2 NAME	HAIN, PHYLLIS
STREET ADDRESS	6320 HARVARD CT	3.3 STREET ADDRESS	190 RADFORD BLVD.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	NAS PENSACOLA, FL 32508
TITLE	DTC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENDLETON, BEN C	4.2 NAME	BROWN, WHIT JR.
STREET ADDRESS	4630 BAYWOOD CIRCLE	4.3 STREET ADDRESS	240 E. INTENDENCIA ST.
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, CHARLES W	5.2 NAME	CONSTANCE CROSBY
STREET ADDRESS	2430 AIRPORT BLVD	5.3 STREET ADDRESS	732 W. GARDEN ST.
CITY-ST-ZIP	PENSACOLA ST	5.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, JERRY	6.2 NAME	SMITH, HON. J.D.
STREET ADDRESS	201 N PALAFOX STREET	6.3 STREET ADDRESS	4020 GALLAHAD RD.
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA, FL 32514

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 _____

CR2E037 (10/97)