FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000366 (4)

1. Corporation Name
GULF COAST CHAPTER BMW-CCA, INC.

Principal Place of Business	Mailing Address
5 HOLLY AVENUE SHALIMAR FL 32579	5 HOLLY AVENUE SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:
4. FEI Number: 59-3260411 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

AUFDEMORTE, LEWIS
5 HOLLY AVENUE
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	AUFDEMORTE, LEWIS	1.2 NAME	AUFDEMORTE, LEWIS
STREET ADDRESS	5 HOLLY AVENUE	1.3 STREET ADDRESS	5 Holly Ave.
CITY-ST-ZIP	SHALIMAR FL 32579	1.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WELHART, KARL	2.2 NAME	VAWTER, Ralph, E.
STREET ADDRESS	145 BAYWIND DRIVE	2.3 STREET ADDRESS	3996 Bay Pointe Drive
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	Gulf Breeze, FL 32562
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	BAIR, STEVEN P	3.2 NAME	HENRY, DAVID
STREET ADDRESS	521 MAPLE AVENUE	3.3 STREET ADDRESS	1500 Britt Rd.
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	500001401725
TITLE		5.1 TITLE	-02/09/95--01000-Change-00 ☐ Addition
NAME		5.2 NAME	*****70.00 *****70.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Lewis G. Aufdemorte 1-13-95 (904) 651-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEWIS G. AUFDEMORTE

0072516