

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N94000000366 (4)**

1. Corporation Name

**GULF COAST CHAPTER BMW-CCA, INC.**

FILED

96 SEP -3 AM 10:13



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-09/11/96--01002--019

\*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

~~5 HOLLY AVENUE~~  
~~SHALIMAR FL 32579~~

~~5 HOLLY AVENUE~~  
~~SHALIMAR FL 32579~~

**13949 A CANAL DR.**

**13949 A CANAL DR.**

**PENSACOLA, FL 32507**

**PENSACOLA, FL 32507**

3. Date Incorporated or Qualified  
**01/25/1994**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **13949 A CANAL DR.**

26 **13949 A CANAL DR.**

4. FEI Number  
**59-3260411**

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

City & State

City & State

23 **PENSACOLA, FL**

28 **PENSACOLA, FL**

Zip

Country

Zip

Country

24 **32507**

25 **USA**

29 **32507**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUFDEMORTE, LEWIS**  
**5 HOLLY AVENUE**  
**SHALIMAR FL 32579**

**Ed HALL**  
**13949 A CANAL DR.**  
**PENSACOLA, FL 32507**

81 Name

**Ed HALL**

82 Street Address (P.O. Box Number is Not Acceptable)

**13949 A CANAL DR.**

83

84

City **PENSACOLA**

FL

85 Zip Code

**32507**

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

**July 25, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AUFDEMORTE, LEWIS</b>	
STREET ADDRESS	<b>5 HOLLY AVENUE</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VAWTER, RALPH</b>	
STREET ADDRESS	<b>3996 BAY POINTE DE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32562</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENRY, DAVID P</b>	
STREET ADDRESS	<b>1500 BRITT RD</b>	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>Ed HALL</b>	
STREET ADDRESS	<b>13949 A CANAL DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARD LOPICCOLLO</b>	
STREET ADDRESS	<b>1424 G. GARDEN ST.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>Ed JOHNSON</b>	
STREET ADDRESS	<b>9318 LUCIA CT</b>	
CITY-ST-ZIP	<b>NAU &amp; RRE, FL 32566</b>	

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Ed HALL</b>	
1.3 STREET ADDRESS	<b>13949 A CANAL DR</b>	
1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
2.1 TITLE	<b>TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Richard LOPICCOLLO</b>	
2.3 STREET ADDRESS	<b>1424 G. GARDEN ST.</b>	
2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
3.1 TITLE	<b>Ed JOHNSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Ed JOHNSON</b>	
3.3 STREET ADDRESS	<b>9318 LUCIA CT</b>	
3.4 CITY-ST-ZIP	<b>NAU &amp; RRE, FL 32566</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017714

CR2E037 (3/96)