

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -7 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000002228 (4)

1. Corporation Name

CHRISTOPHER STREET SOUTH, INC.

Principal Place of Business

Mailing Address

2550 HALLMARK DRIVE
PENSACOLA FL 32503

2550 HALLMARK DRIVE
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

N/A

4. FEI Number

☒ 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**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, L A
2550 HALLMARK DRIVE
PENSACOLA FL 32503

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

L. A. Anderson

PRESIDENT

6-25-95

Signature, typed or printed name of registered agent, and the if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ANDERSON, L A

STREET ADDRESS

2550 HALLMARK DRIVE

CITY - ST - ZIP

PENSACOLA FL 32503

TITLE

VD

NAME

VARVEL, MICHAEL

STREET ADDRESS

7847 PLUTO COURT

CITY - ST - ZIP

PENSACOLA FL 32506

TITLE

TD

NAME

LOCHER, STEPHANIE

STREET ADDRESS

3205 FAIRMONT STREET

CITY - ST - ZIP

PENSACOLA FL 32505

TITLE

D

NAME

MCKEAN, BERNICE

STREET ADDRESS

2550 HALLMARK DRIVE

CITY - ST - ZIP

PENSACOLA FL 32503

TITLE

SD

NAME

WILCOX, CHRISTOPHER

STREET ADDRESS

3331 SUMMIT BLVD., APT. 96

CITY - ST - ZIP

PENSACOLA FL 32503

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

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64 CITY - ST - ZIP

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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)(b), 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:

L. A. Anderson, President

6-25-95

904-433-0353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #