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

APPROVED AND FILED
95 MAR 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003980 (9)

1. Corporation Name
THE PENSACOLA GOSHAWK SQUADRON, INC. ASSOCIATION OF NAVAL AVIATION

Principal Place of Business	Mailing Address
P.O. BOX 4124 PENSACOLA FL 32507	P.O. BOX 4124 PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report:
4. FEI Number: 59-2920299 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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 ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TINKER, CHARLES L CAPTAIN
5202 PALE MOON DR.
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name: Robert V. Goodloe, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 3108 Rushing Creek Rd.
83
84 City: Pensacola FL 85 Zip Code: 32526

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: Robert V. Goodloe, Jr. C.O. 2-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COMMANDING OFFICER/D	11 TITLE	☐ Change ☐ Addition
NAME	ROBERT V. GOODLOE JR.	12 NAME	
STREET ADDRESS	3108 RUSHING CREEK RD	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL. 32526	14 CITY-ST-ZIP	
TITLE	EXEC. OFFICER/D	21 TITLE	☐ Change ☐ Addition
NAME	CAPT LOUIS R. SAROSY	22 NAME	
STREET ADDRESS	5313 PALE MOON DR	23 STREET ADDRESS	000011444610
CITY-ST-ZIP	PENSACOLA, FL 32507	24 CITY-ST-ZIP	-03/31/95--01021--007 ****130.00 ****130.00
TITLE	OPERATIONS OFFICER/D	31 TITLE	☐ Change ☐ Addition
NAME	ROGER M. BOH, JR.	32 NAME	
STREET ADDRESS	5250 PALE MOON DR.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507	34 CITY-ST-ZIP	
TITLE	ADMIN. OFFICER	41 TITLE	☐ Change ☐ Addition
NAME	HERBERT S. FOLDER	42 NAME	
STREET ADDRESS	3361 TOMPKINS ST	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	3/30/95 MS
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Robert V. Goodloe, Jr. Robert V. Goodloe, Jr. C.O. 2-8-95 904-433-6581
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND OFFICER OR DIRECTOR — Date — Daytime Phone #

007188