

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOODLOE, ROBERT V JR
3108 RUSHING CREEK RD.
PENSACOLA FL 32526**

81 Name

LOUIS R. SAROSDY

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

5313 PALE MOON 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 617.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Louis R. Sarosdy

2-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	COD	<input checked="" type="checkbox"/> DELETE
NAME	GOODLEO, ROBERT V JR	
STREET ADDRESS	3108 RUSHING CREEK RD.	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	EOD	<input checked="" type="checkbox"/> DELETE
NAME	SAROSOT, LOUIS R	
STREET ADDRESS	5313 PACE MOON DR.	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	OFD	<input checked="" type="checkbox"/> DELETE
NAME	BOH, ROGER M	
STREET ADDRESS	5250 PACE MOON DR.	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	AO	<input type="checkbox"/> DELETE
NAME	FOWLER, HERBERT S	
STREET ADDRESS	3361 TOMPKINS ST.	
CITY - ST - ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	COD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS R. SAROSDY	
1.3 STREET ADDRESS	5313 PALE MOON DR	
1.4 CITY - ST - ZIP	PENSACOLA FL 32507 32507	
2.1 TITLE	EOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOH, ROGER M.	
2.3 STREET ADDRESS	5250 PALE MOON DR.	
2.4 CITY - ST - ZIP	PENSACOLA, FL. 32526	
3.1 TITLE	OFD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SMITH, CLINTON L.	
3.3 STREET ADDRESS	5421 ROWE TRAIL	
3.4 CITY - ST - ZIP	PACE, FL. 32571	
4.1 TITLE	AO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FOWLER, HERBERT S.	
4.3 STREET ADDRESS	3361 TOMPKINS ST.	
4.4 CITY - ST - ZIP	PENSACOLA, FL 32504	
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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

(904) 492-4620

CR2E037 (12/95)