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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32507-0124



3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
02/27/1996

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

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4. FEI Number

59-2920299

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAROSDY, LOUIS R.
5313 PALE MOON DRIVE
PENSACOLA FL 32526

81 Name

BOH, ROGER M. JR

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

5250 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 617.0503, 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 2-26-97

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Louis R. Sarosdy 2-26-97

12. OFFICERS AND DIRECTORS

TITLE COD
NAME SAROSDY, LOUIS
STREET ADDRESS 5313 PALE MOON DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE EOD
NAME BOH, ROGER
STREET ADDRESS 5250 PALE MOON DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE OFD
NAME SMITH, CLINTON
STREET ADDRESS 5421 ROWE TRAIL
CITY-ST-ZIP PENSACOLA FL

TITLE AO
NAME FOWLER, HERBERT S
STREET ADDRESS 3361 TOMPKINS ST.
CITY-ST-ZIP PENSACOLA FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COD
1.2 NAME BOH, ROGER M JR
1.3 STREET ADDRESS 5250 PALE MOON DR
1.4 CITY-ST-ZIP PENSACOLA, FL 32507

2.1 TITLE EOD
2.2 NAME SMITH, CLINTON
2.3 STREET ADDRESS 5421 ROWE TRAIL
2.4 CITY-ST-ZIP PACE, FL 32521

3.1 TITLE OFD
3.2 NAME
3.3 STREET ADDRESS VACANT
3.4 CITY-ST-ZIP

4.1 TITLE AO
4.2 NAME SAROSDY, LOUIS R
4.3 STREET ADDRESS 5313 PALE MOON DR
4.4 CITY-ST-ZIP PENSACOLA, FL 32507

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0972825

CP2E037 (9/96)

Louis R. Sarosdy 2-26-97 (904) 492-4620