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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



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

3. Date Incorporated or Qualified

08/12/1994

4. FEI Number

59-2820289

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOH, ROGER M JR
5250 PALE MOON DR
PENSACOLA FL 32507**

81 Name

SMITH, CLINTON L.

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

5421 ROWE TRAIL

83

84 City

PACE

FL

85 Zip Code

32571

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

Clinton L. Smith

CLINTON L. SMITH, COMMANDING OFFICER 5/1/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DO	1.1 TITLE	
NAME	SAROSDY, LOUIS	1.2 NAME	
STREET ADDRESS	5313 PALE MOON DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	COD	2.1 TITLE	
NAME	BOH, ROGER M JR	2.2 NAME	
STREET ADDRESS	5250 PALE MOON DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	EOD	3.1 TITLE	
NAME	SMITH, CLINTON	3.2 NAME	
STREET ADDRESS	5421 ROWE TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	PACE FL	3.4 CITY - ST - ZIP	
TITLE	AO	4.1 TITLE	
NAME	FOWLER, HERBERT S	4.2 NAME	
STREET ADDRESS	3361 TOMPKINS ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32504	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: *Clinton L. Smith* **CLINTON L. SMITH 5/1/98 850-994-4307**

CR2E037 (10/97)