FILED May 19, 2000 8:00 am Secretary of State

05-03-2000 90025 027 ****61.25

DOCUMENT # N95000000085

1. Entity Name

THE GREATER PENSACOLA JUNIOR GOLF ASSOCIATION, I

Principal Place of Business

Mailing Address

| IOI WEST MAIN ST PENSACOLA FL 32582 US | | P.O. BOX 12303 PENSACOLA FL 32581-2303 US | | | | | | | |
|--|--|---|---------------------------------|--|------------------------------|-----------------------------|--|-------------------------|--|
| 2. Principal Pl | ace of Business | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State |) | City & State | | | 4. FEI Numbe | 59-3288799 | | plied For Applicable | |
| Zip | Country | Country Zip (| | ntry | 5. Certificate | of Status Desired | d S8.75 Additional Fee Required | | |
| | 6. Name and Address of Curren | t Registered Agent · · · | $\equiv \Box$ | | 7. Name and | Address of New Registered | Agent | | |
| | | | | Name | | | | | |
| FEDOWICH, BILL | | | }] | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 9225 WOO | | | | | | | | İ | |
| PENSACO | LA FL 32514 | | City | | | FL | Zip Code | • | |
| 8. The above | named entity submits this statement | for the purpose of changing its | registere | d office or r | egistered agent, or bot | h, in the state of Florida. | | | |
| | • | . , | • | | | | | | |
| | | | | | ; ′ | | | 1 | |
| SIGNATURE . | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE | . Registered | d Agent signatur | e required when (einstating) | DATE | | | |
| | | | | | | | | | |
| FILE NOW: 9. Election Campaign Fi | | | Financii | ng | \$5.00 May Be | Make Check | Payable to | . | |
| | FEE IS \$61.25 | | Trust Fund Contribution. Adde | | | Departmen | | } | |
| | 0==10=00 to 0 | NOTOTOGO | T 44 | | A CONTINUE OF A | ANGES TO OCCIOENS AND D | DECTORE IN | | |
| 10. | OFFICERS AND D | | 11. | T | ADDITIONS/CH | ANGES TO OFFICERS AND D | Change | Addition | |
| TITLE NAME | COOK, HIRAM J JR | CM Delete | NAM | | Bud Rov | seg ing Range | D | | |
| STREET ADDRESS | 5601 WOODBINE ROAD | | | ET ADDRESS | Cove Dru | d. Kange | | ł | |
| CITY-ST-ZIP | PACE FL 32571 | | CITY | -ST-ZIP | Pensacol | a F1 32507 | | | |
| TITLE | DP | ☐ Dølete | TITL | E | THE PARTY | | The second of the second of t | Addition | |
| NAME | FEDOWICH, WILLIAM J JR | Chairman | NAM | IE . | Shawn ST | anley | D | { | |
| STREET ADDRESS | 9225 WOODRUN COURT | • | STRE | EET ADORESS | Sportsman | iona Dr. | ~ | | |
| CITY-ST-ZIP | PENSACOLA FL | | _ | r-ST-ZIP | <u>Pensaicola</u> | FI 32507 | Change | | |
| TITLE | DV BOBO, STEVE | VICC Crairm | TITE NAM | ~ | BOBE, STEV | 5 | Change | Addition | |
| NAME STREET ADDRESS | 7140 BAHAMA RD. | VICE CHAINING | | EET ADDRESS | | | | ţ | |
| CITY-ST-ZIP | PENSACOLA FL 32514 | | | r-st-zip | | | | , | |
| TITLE | Tal | Delete | TITL. | E | Mark Coc | K. | ☐ Change | ☐ Addition | |
| NAME | FENIMORE, MARK L | ₹ ····· | NAM | AE. | 3113 Cobble | STONE | \mathcal{D} | | |
| STREET ADORESS | 0000 0/12 mil 0 0 11 1 0 11 11 | | | eet address | Pace FI | | ~ | [| |
| CITY-ST-ZIP | GULF BREEZE FL | | CITY | r-st-zip | • | | | | |
| TITLE | | Delete | TITL | | SECRETALY OF MAHANE | W. KICKI | Change | Addition | |
| NAME Order Approxima | | | NAA | AE Eet address | IN MATTERIA | GATE LANE | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | eet address Y-ST-ZIP | ALLE RO | EEZE, AL 325 | 201 | ļ | |
| | | | | | TREASURE | n- | Change | Addition | |
| TITLE Name | | Delete | TITE. | | DORSEY, GA | | C cuards | TE VIOLENI | |
| STREET ADDRESS | <i>f.</i> | • | | EET ADDRESS | 1433 0 841 | TRS CLUB CIR | CLE | | |

12. 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 report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the reserver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-SY-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO EASILE FO

3/7/00

GULF BREGZE,

850.932.2643

32561