NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91114 040 ****61.25

DOCUMENT #N95000000085

1. Entity Name

THE GREATER PENSACOLA JUNIOR GOLF ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 WEST MAIN ST	PO BOX 12303
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32502 Country: USA	Zip: 32591 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3288799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GAIL R. DORSEY

Street Address (P.O. Box Number is Not Acceptable): 1433 PLAYERS CLUB CIRCLE

City: GULF BREEZE FL Zip Code: 32563

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Gail R. Dorsey 4/30/02

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	MARTY STANOVICH
STREET ADDRESS	PO BOX 12302
CITY-ST-ZIP	PENSACOLA, FL 32582
TITLE	VP D
NAME	STEVE BOBE
STREET ADDRESS	7140 BAHAMA RD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	~~SECR~~ S
NAME	JOANN WATSON
STREET ADDRESS	4733 SPANISH TRAIL #C4
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	T
NAME	GAIL R. DORSEY
STREET ADDRESS	1433 PLAYERS CLUB CIRCLE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	D
NAME	HIRAM COOK
STREET ADDRESS	3200 COBBLESTONE DRIVE
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail R. Dorsey, Treasurer 4/30/02