# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N95000000085

1. Entity Name
THE GREATER PENSACOLA JUNIOR GOLF ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 WEST MAIN ST<br>PENSACOLA, FL 32582 US | P.O. BOX 12303<br>PENSACOLA, FL 32581-2303 US |

04282005 No Chg-NP CR2E037 (10/03)

**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

6. Name and Address of Current Registered Agent

DORSEY, GAIL
1433 PLAYERS CLUB CIRCLE
GULF BREEZE, FL 32563

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

000000360650
05/05/05-80038-022 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | STANOVICH, MARTY |
| STREET ADDRESS | PO BOX 12302 |
| CITY-ST-ZIP | PENSACOLA, FL 32582 |
| TITLE | DV |
| NAME | BOBE, STEVE |
| STREET ADDRESS | 7140 BAHAMA RD. |
| CITY-ST-ZIP | PENSACOLA, FL 32514 |
| TITLE | S |
| NAME | WATSON, JOANN |
| STREET ADDRESS | 4733 SPANISH TRAIL #C-4 |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | T |
| NAME | DORSEY, GAIL R |
| STREET ADDRESS | 1433 PLAYERS CLUB CIRCLE |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | D |
| NAME | COOK, HIRAM |
| STREET ADDRESS | 3200 COBBLESTONE DRIVE |
| CITY-ST-ZIP | PACE, FL 32571 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Dale R. Dorsey, Treasurer 4/28/05 850.934.0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #