## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N95000000085

1. Entity Name



**FILED** May 01, 2007 8:00 am Secretary of State 05-01-2007 90049 049 \*\*\*\*61.25

Pincepal Place of Business   P.O. Box 12:303   PENSACOLA, FL 32:581 US   PENSACOLA, FL 32:581 US	THE GREATER PENSACOLA JUNIOR GOLF ASSOCIATION, INC.							
Suite, Apt. #, stic.    Suite, Apt. #, stic.   Suite, Apt. #, stic.   City & State   City & City & State   City	101 WEST MAIN ST P.O. BOX 12303			2303 US			), 283)), 2810); 52(0); 0);	HIUN 81 1081
City & Sists	2. Principal Place of Business - No P.O. Box # 3. 1		3. Mailing Address	. Mailing Address		<u> </u>		
Zip Country Zip Country S. Certificate of Status Desired S. S. Additional Fee Regulated Agent S. Certificate of Status Desired S. S. Certificate of Status Desired S. S. S. Additional Fee Regulated Agent S. S. Certificate of Status Desired S. S. Certificate S. Certificate S. Certificate S. Certificate S. S. Certificate S. Certificate S. Certificate S. Certificate S. S. Certificate S. Certificate S. S. Cert	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112007 CI	hg-NP CR2E	E037 (12/06)	
S. Cerificate of Status Desired   Fee Required   T. Name and Address of New Registered Agent   T. Name and Address	City & State		City & State			9	<del></del>	
Name	Zip Country Z		Zip	p Country				
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 or proof name of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SPUNIOR, speed or printed name of registered agent are into if applicable in DOTE Registered Apent spinior is quarter sequing when remainancy in DATE  Filing Fee is \$61.25  Due by May 1, 2007  9. Bloction Campalign Financing Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  BOBSE. STEVE  SINET ADDRESS  TO OFFICERS AND DIRECTORS IN 10  TITLE  S NAME  WATSON, JOANN  MAKE  WATSON, JOANN  MAKE  WATSON, JOANN  MAKE  MATSON, JOANN  MAKE  MATSON  MAKE  MATSON  MAKE  MATSON  MAKE  MATSON  MAK		6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registere	d Agent	
1433 PLAYERS CLUB CIRCLE*  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Florida. I an tamillar with, and acceptable to present agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and accept the necessory of registered agent, or both, in the State of Florida. I am tamillar with, and scent the necessory of registered agent, or both in the state of Florida Agent with necessory of Robins of Robins of Robins of	DORSEY GAIL			Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Types or printed name of registered agent and tole if applicable   (NOTE Registered Agent agricular inquired when rematating)   OAIE	1433 PLAYERS CLUB CIRCLE:			Street Address		Not Acceptable)		
SIGNATURE    Signature   Signa				City		F	Zip Code	e
Signature, typed or printed name of registated agent and title if applicable   Change   Filling Fee is \$61.25   Due by May 1, 2007   Stellar trust Fund Control titlen.   Special Control titlen.   Sp			the purpose of changing its re	gistered office or registe	ered agent, or both, in	the State of Florida. La	am familiar with,	and accept
Signature, typed or printed name of registated agent and title if applicable   Change   Filling Fee is \$61.25   Due by May 1, 2007   Stellar trust Fund Control titlen.   Special Control titlen.   Sp		•						
Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  BOBE, STEVE  7140 BAHAMA RD. PENSACOLA, FL 32514  TITLE  SWATSON, JOANN  WATSON, JOANN  TITLE  TITLE  TITLE  TORNAGE  TITLE  TORNAGE  TITLE  TORNAGE	SIGNATURE .		and title if applicable. (NOTE: R	Registered Agent signature require	ed when reinstating)	DAT	E	_ <del></del>
PD   Delete   TITLE   NAME   TITLE   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   NAME   TITLE   TITLE   NAME   TITLE   TITLE   NAME   TITLE   TITLE   NAME   TITLE	, -		6 Floation Comp					
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CIY-S1-ZIP   PENSACOLA, FL 32514   CIY-S1-ZIP	TITLE	OFFICERS AND DIF	Trust Fund Cor	ntribution.	Added to Fees	Florida Der	DIRECTORS IN	tate:
NAME STREET ADDRESS CITY-S1-ZIP PENSACOLA, FL 32504  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TO DORSEY, GAIL R STREET ADDRESS CITY-S1-ZIP TO DORSEY, GAIL R STREET ADDRESS CITY-S1-ZIP TITLE DORSEY, GAIL R STREET ADDRESS CITY-S1-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	NAME	OFFICERS AND DIF PD BOBE, STEVE	Trust Fund Cor	11. TITLE NAME	Added to Fees	Florida Der	DIRECTORS IN	tate:
STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TO DORSEY, GAIL R DORSEY, GAIL R STREET ADDRESS CITY-S1-ZIP  TITLE DORSEY, GAIL R STREET ADDRESS CITY-S1-ZIP  TITLE DOCK, HIRAM STREET ADDRESS CITY-S1-ZIP  TITLE DOCK, HIRAM STREET ADDRESS CITY-S1-ZIP  TITLE DOCK, HIRAM STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME NAME NAME	NAME STREET ADDRESS	OFFICERS AND DIF PD BOBE, STEVE 7140 BAHAMA RD.	Trust Fund Cor	11, TITLE NAME STREET ADDRESS	Added to Fees	Florida Der	DIRECTORS IN	tate:
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS COTY-ST-ZIP	Due by May 1, 2007  OFFICERS AND DIF PD BOBE, STEVE 7140 BAHAMA RD. PENSACOLA, FL 32514	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Der	DIRECTORS IN	tate
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DIF PD BOBE, STEVE 7140 BAHAMA RD. PENSACOLA, FL 32514 S WATSON, JOANN 4733 SPANISH TRAIL #C-4	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Der	DIRECTORS IN	tate
CITY-ST-ZIP  GULF BREEZE, FL 32563  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  TITLE NAME  CITY-ST-ZIP  CHange Addition Addition Addition Addition Addition Addition Addition NAME	NAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND DIF PD BOBE, STEVE 7140 BAHAMA RD. PENSACOLA, FL 32514 S WATSON, JOANN 4733 SPANISH TRAIL #C-4 PENSACOLA, FL 32504	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Added to Fees	Florida Der	DIRECTORS IN Change	10 Addition
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.