FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500004251 (3)

GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.

Dringingt Diago	of Duciness	A de Company								
Principal Place of Business 3240 GREEN VALLEY DRIVE		Mailing Address 3240 GREEN VALLEY DRIVE								
PENSACOLA	FL 32526	PENSACOLA FL 32526								
						3.	Date Incorporated or Qualified 09/01/1995	3 a. D	ate of Las	t Report
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number			Applied For
21		26				59-3238461			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6.	Election Campaign Financing			00 May Be	
Zip Country		Zip Country			Trust rand Continuouon Added to Fees					
24 25		29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
<u></u>	9. Name and Address of Current			Ţ		10.	Name and Address of New F			
				81	Name	Jei	ff Tilley			
WELTON, MARK H							O. Box Number is Not Acceptab	nle)		
	uth Ferdon Blvd., suite b		<u> </u>				32 Emerald Drive			
CRESTVI	EW FL 32536		83							
				84	City	Б			85 Z	Zip Code
***							e, Fl	<u> </u>	- 3	32571
11. Pursuant t or register	o the provisions of Sections 617.0502 : ed agent, or both, in the State of Florid:	and 617.1508, Florida Statuti a. Such change was authoriz	es, the abo ed by the i	ove-n corpo	amed co oration's	orporation s board of di	submits this statement for the pulirectors. I hereby accept the app	rpose of ch ointment as	anging its s registere	registered office d agent. Lam
familiar wit	th, and accept the obligations of, Section	on 617.0503, Florida Statutes	i.	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9
SIGNATURE _	Blockus typed or printed name of registered agent a	77 K. /1]/PY	TE CONTRACT			required when re		DATE		
12.	OFFICERS AND		13.		signature n	required when re	ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 T	ITLE		T			Change	
NAME	COPELAND, DON		1.2 N	1.2 NAME					_	_
STREET ADDRESS	3240 GREEN VALLEY DRIVE		1.3 \$	TREET	ADDRESS					
CHTY-ST-ZIP	PENSACOLA FL 32526		1.4 CITY - ST - 21		1 - 21P					
TITLE	D			2.1 TITLE					☐ Change	Addition
NAME	SWANNER, ANGIE		2.2 NAME							
STREET ADDRESS	80 MALDONADO DRIVE			2.3 STREET ADDRESS		806	Maldonado			
CHY-ST-ZIP TITLE	PENSACOLA BEACH FL 3256	DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE		T-ZIP				Change	☐ Addition
NAME	WADE, FRANK			32 NAME					C Change	☐ ¥00⊞0⊓
STREET ADDRESS	114 LILE STREET				ADDRESS					
CITY-ST-ZIP	OPP AL 36467			CITY-S						
TITLE	P			TLE	1-211	 			Change	Addition
NAME	TILLEY, JEFF		4.21	NAME						_
STREET ADDRESS	5232 EMERALD DRIVE		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	PACE FL 32571		4.4 0	OTY-S	T-ZIP					
TITLE	V	₹ DELETE	5.1 T	ITLE		٧			Change	☐ Addition
NAME	STEARNS, FARREL		5.2 N	IAME		Bates	s, O. D.			
STREET ADDRESS	3491 BAYOU BLVD.		5.3 S	TREET	ADDRESS	5026	Willard Norris	s Rd.		
CITY-ST-ZIP		ENSACOLA FL 32503		54 CITY-ST-ZIP M		Milt	on, Fl 32570			
TITLE	S CODELAND CHEOVI	DELETE	6.1 T						☐ Change	Addition
NAME	COPELAND, CHERYL 3240 GREEN VALLEY DRIVE			LAME	*DDD====					
STREET ADDRESS	PENSACOLA FL 32526				ADDRESS					
CITY-ST-ZIP	y certify that the information supplied w	vith this filing is voluntarily for		ITY-S'		alify for the	exemption stated in Section 110	07/3VM EI	orida Stati	ites I further
certify that oath; that	t the information indicated on this annual am an officer or director of the corpor Block 12 or Block 13 if ghanged, or o	al report or supplemental ann ation or the receiver or truste	iual report le empowe	is tru	e and ac	ccurate and	I that my signature shall have the	same lega	l effect as	if made under

SIGNATURE:

Charle Strange Decasions

2-96 (904) 934-9152 Date: Date: Date: Prone +