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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

114291 - 90189 - 24

DOCUMENT # **N95000004251**

1. Corporation Name

GULF COAST BLUEGRASS MUSIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3240 GREEN VALLEY DRIVE PENSACOLA FL 32526	3240 GREEN VALLEY DRIVE PENSACOLA FL 32526

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3238461 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COPELAND, DONALD L.
3240 GREEN VALLEY DRIVE
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, DON		1.2 NAME		
STREET ADDRESS	3240 GREEN VALLEY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SWANNER, ANGIE		2.2 NAME	John Carson	
STREET ADDRESS	806 MALDONADO		2.3 STREET ADDRESS	1237 Chisholm TRAIL	
CITY-ST-ZIP	PENSACOLA BEACH FL		2.4 CITY-ST-ZIP	Pensacola Fl 32514	
TITLE	VP	☐ DELETE	3.1 TITLE	BOARD OF DIRECTOR	☒ Change ☐ Addition
NAME	WADE, FRANK		3.2 NAME	WADE, FRANK	
STREET ADDRESS	114 LILE STREET		3.3 STREET ADDRESS	114 Lile St	
CITY-ST-ZIP	OPP AL 36467		3.4 CITY-ST-ZIP	Opp, Al 36467	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOGAN, FINK		4. 2 NAME		
STREET ADDRESS	7210 BELGUIM RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BATES, O. D.		5.2 NAME		
STREET ADDRESS	5026 WILLARD NORRIS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COPELAND, CHERYL		6.2 NAME		
STREET ADDRESS	3240 GREEN VALLEY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Donald L. Copeland SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #