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Apr 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005527 (4)

1. Corporation Name

JAMES P. MORGAN MEMORIAL PARK AND BOTANICAL GARDEN, INC.

Principal Place of Business

Mailing Address

314 FORT PICKENS ROAD  
PENSACOLA FL 32581314 FORT PICKENS ROAD  
PENSACOLA FL 32561-20123. Date Incorporated or Qualified  
10/22/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDOL, JAMES A  
314 FORT PICKENS ROAD  
PENSACOLA FL 32581

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D - CHAIRMAN	<input type="checkbox"/> DELETE
NAME	RANDOL, JAMES A	
STREET ADDRESS	314 FORT PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA FL 32581 PENSACOLA BEACH, FL 32561	
TITLE	D V	<input type="checkbox"/> DELETE
NAME	GORDON, DOUG	
STREET ADDRESS	314 FORT PICKENS ROAD 135 SABINE DR	
CITY-ST-ZIP	PENSACOLA FL 32561 PENSACOLA BEACH, FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFITH, BILL	
STREET ADDRESS	314 FORT PICKENS ROAD 257 SABINE DR	
CITY-ST-ZIP	PENSACOLA FL 32561 PENSACOLA BEACH, FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRONGEYER, SOTER	
STREET ADDRESS	314 FORT PICKENS ROAD 330 FORT PICKENS RD 9AC	
CITY-ST-ZIP	PENSACOLA FL 32561 PENSACOLA BEACH, FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EYMAN, STEVE	
STREET ADDRESS	314 FORT PICKENS ROAD 1708 VIA DELUNA	
CITY-ST-ZIP	PENSACOLA FL 32561 PENSACOLA BEACH, FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, DOROTHY	
STREET ADDRESS	314 FORT PICKENS ROAD 200 PENSACOLA BEACH BLVD	
CITY-ST-ZIP	PENSACOLA FL 32561 GULF BREEZE, FL 32561	

1.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VIKI WEIR	
1.3 STREET ADDRESS	104 BEAR DRIVE	
1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOANNE BROOKS	
2.3 STREET ADDRESS	900 FT. PICKENS RD. #115	
2.4 CITY-ST-ZIP	PENSACOLA, BEACH, FL 32561	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOLLY M MARTIN	
3.3 STREET ADDRESS	102 MATAMOROS	
3.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
4.1 TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANE W. COOPER	
4.3 STREET ADDRESS	1203 ARIOLA	
4.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904 932-7434

CR2E037 (9/96)