

5-27-98 B- 7844 -C
FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 32561~~

~~314 FORT PICKENS ROAD~~
~~PENSACOLA FL 32561~~



3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

59-3432790

Applied For

Not Applicable

APPLIED FOR

2. Principal Place of Business

2a. Mailing Address

21 104 Bear Drive

26 104 Bear Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Gulf Breeze, FL

27 Gulf Breeze, FL

City & State

City & State

23 32561

28 32561

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

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 32561

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 **C** ☐ DELETE
NAME **RANDOL, JAMES A**
STREET ADDRESS **314 FORT PICKENS ROAD**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **GORDON, DOUG**
STREET ADDRESS **135 SABINE DR**
CITY-ST-ZIP **PENSACOLA FL 32561**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GRIFFITH, BILL**
STREET ADDRESS **257 SABINE DR**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CRONGEYER, ESTHER**
STREET ADDRESS **330 FORT PICKENS RD #12C**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **EYMAN, STEVE**
STREET ADDRESS **1708 VIA DELUNA**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MORGAN, DOROTHY**
STREET ADDRESS **200 PENSACOLA BEACH BLVD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

James A. Randolph, CHAIRMAN

5-20-98

CR2E037 (10/97)