NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005527

1. Corporation Name

Principal Place of Business
104 BEAR DRIVE
GULF BREEZE FL 32561
119

FILED May 05, 1999 8:00 am § Secretary of State

05-05-1999 90030 029 ****61.25

2. Principal Place of Business 22. Mailing Address 3. Data Incorporated or Qualified 10/22/1996	JAMES P. MORGAN MEMORIAL PARK AND BOTANICAL GARD EN, INC.						487266 - 90030 - 29		
Sulte, Apt. #, etc. 26 10/22/1986 10/22/1986 27 27 4. FEI Number 59-3432990 Not Apple Not Apple Not Apple 127 28 128	104 BEAR DRI GULF BREEZE	VE	104 BEAR DRIVE GULF BREEZE FL 32561						
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State State City & State City & State		#							
City & State City & State	¬ ''	#, etc.		¬ '''					
Some comparison of the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of registered agent.		9					\$8.75 Additional		
Zip Country Zip Country 6.6 Election Campaign Financing Trust Fund Contribution Added to Fee S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name and Address of New Registered Agent 14. Name and Ad	'	-	 	~~ ~			Certificate of Status Desired Fee Required		
Added to Pet 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registerity agent. I am familiar with, and eccept the obligations of, Section 617,0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registering agent. I am familiar with, and eccept the obligations of, Section 617,0503. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registering agent. I am familiar with, and eccept the obligations of, Section 617,0503. Florids Statutes. \$15,000. Florids and the following agent and this #appitable. (NOTE: Registered Agent signature required when rematility) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 12 NAME \$12 NAME \$12 NAME ANDOL, JAMES A 12 NAME ANDOL, JAMES A 12 NAME ANDOL, JAMES A 13 STREET ADDRESS OTTV-ST-ZP PENSACOLA BEACH FL 32561 DELETE 11 TITLE V Change Change		Country					6. Election Campaign Financing \$5.00 May Be		
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RANDOL, JAMES A 314 FORT PICKENS ROAD PENSACOLA FL 32561 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City FL 85 Zip Code 84 City FL 85 Zip Code 85 A City FL 85 Zip Code 86 A City FL 85 Zip Code 87 A City FL 85 Zip Code 88 A City FL 85 Zip Code 88 A City FL 85 Zip Code 89 A City FL 85 Zip Code 80 A City F		9. Name and Address of Current	Registered Agent		_		10. Name and Address of New Registered Agent		
314 FORT PICKENS ROAD PENSACOLA FL 32561 83 84 City FL 85 Zip Code office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register signature, your or printed name of registered agent and title displaced. NOTE: OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City FL 85 Zip Code Signature, sequence of the provisions of Sections 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register signature, your or printed name of registered agent and title displaced. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 14. TITLE OFFICERS AND DIRECTORS I 15. SIRECT ADDRESS OITY-ST-ZP PENSACOLA BEACH FL 32561 14. CITY-ST-ZP Change Change GRIFFITH, BILL 257 SABINE DR GRIFFITH, BILL 257 SABINE DR ORRESTANDESS OITY-ST-ZP PENSACOLA BEACH FL 32561 D CHANGE D CHANGE AS SIRECT ADDRESS OITY-ST-ZP TITLE D CHANGE CHONGEYER, ESTHER 33. SIRECT ADDRESS OITY-ST-ZP TITLE D CHANGE CH					81	Name			
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B4 City	314 FORT	PICKENS ROAD			-				
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 reglister of eigent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register signature, upped or printed name of negistered agent and sits if applicable. NOTE: Registered agent and sits if applicable. NOTE: Registered Agent agrinture required when reinstating) DATE 12.	PENSACC	DLA FL 32561			83				
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Plorida Statutes. SIGNATURE					84	City	85 Zip Code		
Time					Agen	t signature requ			
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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: