

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

DOCUMENT # N96000005527

1. Corporation Name

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

Principal Place of Business

104 BEAR DRIVE
GULF BREEZE FL 32561
US

Mailing Address

104 BEAR DRIVE
GULF BREEZE FL 32561
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

59-3432990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RANDOL, JAMES A
314 FORT PICKENS ROAD
PENSACOLA FL 32561

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE V ☐ DELETE

NAME GORDON, DOUG
STREET ADDRESS 135 SABINE DR
CITY-ST-ZIP PENSACOLA FL 32561

TITLE D ☐ DELETE

NAME GRIFFITH, BILL
STREET ADDRESS 257 SABINE DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME EYMAN, STEVE
STREET ADDRESS 1708 VIA DELUNA
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D ☐ DELETE

NAME MORGAN, DOROTHY
STREET ADDRESS 200 PENSACOLA BEACH BLVD
CITY-ST-ZIP GULF BREEZE FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Douglas Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (859)932-9648

Date

Daytime Phone #

CR2E037 (11/98)

0079518