

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90035 042 ****61.25

DOCUMENT # N96000005527

1. Entity Name
**JAMES P. MORGAN MEMORIAL PARK AND BOTANICAL
GARDEN, INC.**



Principal Place of Business
**1192 MARY LOU LANE
GULF BREEZE, FL 32563 US**

Mailing Address
**1192 MARY LOU LANE
GULF BREEZE, FL 32563 US**

50053039



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3432990

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDOL, JAMES A
314 FORT PICKENS ROAD
PENSACOLA, FL 32561**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEIR, VIKI S**
STREET ADDRESS **1192 MARY LOU LANE**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCGUIRE, MOLLY**
STREET ADDRESS **102 MATAMOROS**
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-15-05

Date

Daytime Phone #