2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N96000005527

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

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

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04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3432990
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RANDOL, JAMES A
STREET ADDRESS	314 FORT PICKENS ROAD
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	V
NAME	GORDON, DOUG
STREET ADDRESS	135 SABINE DR
CITY-ST-ZIP	PENSACOLA, FL 32561
TITLE	D
NAME	GRIFFITH, BILL
STREET ADDRESS	257 SABINE DR
CITY ST ZIP	PENSACOLA BEACH, FL 32561
TITLE	D
NAME	WEIR, VIKI S
STREET ADDRESS	1192 MARY LOU LANE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	D
NAME	MCGUIRE, MOLLY
STREET ADDRESS	102 MATAMOROS
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	D
NAME	MORGAN, DOROTHY
STREET ADDRESS	200 PENSACOLA BEACH BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32561

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05/25/07-80067-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Viki S. Weir Viki S. Weir 5-1-07 850-932-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #