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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000005296

1. Corporation Name

THE MOORINGS CHARTER ASSOCIATION, INC.

450991 - 90253 - 4

Principal Place of Business
655 PENSACOLA BEACH BLVD
PENSACOLA BEACH FL 32561

Mailing Address
10 HIGHPOINT DRIVE
GULF BREEZE FL 32561



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/15/1998

4. FEI Number

59-3449420

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

LIVELY, JAMES L JR
10 HIGHPOINT DRIVE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

William F Thorsen

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

11025 MANATEE DR

83

84 City

PENSACOLA, FL

FL

85 Zip Code

32507

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:

William F. Thorsen

4-21-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
P/D Charles L. Nicholson
1408 BELMONT STREET
PENSACOLA, FL 32501

21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
V/D Robert E. Lively
500 YORK ST
GULF BREEZE FL 32561

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
S/D ~~Gerrit Andrews~~ Jerry Andrews
P.O. Box 1502
Gulf Breeze, FL 32562

41 TITLE ☐ Change ☒ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
T/D William F Thorsen
11025 MANATEE DR
PENSACOLA, FL 32507

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: William F. Thorsen 4/21/99 850-492-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0079633

CR2E037 (11/98)