I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

1300 FT PICKENS RD PENSACOLA BCH. FL 32561

DOCUMENT# N14580

# **Current Mailing Address:**

908 GARDENGATE CIRCLE PENSACOLA, FL 32504 US

# FEI Number: 59-2854778

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ETHERIDGE, RAY O 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 US

SIGNATURE:

Officer/Director Detail :			
Title	PRESIDENT	Title	VICE-PRESIDENT
Name	CONNON, DEB	Name	MITCHELL, WILLIAM
Address	1300 FT. PICKENS RD. #118	Address	101 OVERLOOK PLACE
City-State-Zip:	PENSACOLA BEACH FL 32561	City-State-Zip:	RIDGELAND MS 39157
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	DUKES, TRICE	Name	LUOMA, DICK
Address	3029 KEATS DRIVE	Address	1300 FT. PICKENS RD. #114
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA BEACH FL 32561
Title	DIRECTOR	Title	DIRECTOR
Name	SKARDA, MARY	Name	BARRON, MACE
Address	102 EAST RUELLE DRIVE	Address	1300 FT. PICKENS RD. #224
City-State-Zip:	MANDEVILLE LA 70471	City-State-Zip:	PENSACOLA BEACH FL 32561

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.

# Certificate of Status Desired: No

FILED Apr 22, 2015

Secretary of State

CC8364885331

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# SIGNATURE: DEB CONNON

PRESIDENT

Date