

## Electronic Return Acknowledgement

**Tax Year:** 2012 **Return No:** AIU01M

**Tax Payer:** PANHANDLE TIGER BAY CLUB, INC.

**Return Type:** FEDERAL

**Filing Type Description:** 990

**IRS Received Date:** 4/30/2013

**Return Status:** ACCEPTED

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

PANHANDLE TIGER BAY CLUB, INC.

59-2496417

Name and title of officer

RACHEL REYES, TREASURER

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	
2a	Form 990-EZ check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	<u>58,093.</u>
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5), . . . . .	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BLOOMER, GERI & COMPANY, to enter my PIN 

9	6	4	1	7
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 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05/06/2013

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	9	5	2	1	3	2	9	3	3	4
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do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 05/06/2013

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

# Short Form Return of Organization Exempt From Income Tax

# 2012

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ **Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.**

▶ **The organization may have to use a copy of this return to satisfy state reporting requirements.**

**A For the 2012 calendar year, or tax year beginning** \_\_\_\_\_, **2012, and ending** \_\_\_\_\_, **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PANHANDLE TIGER BAY CLUB, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 133 City or town, state or country, and ZIP + 4 PENSACOLA, FL 32591	<b>D</b> Employer identification number 59-2496417 <b>E</b> Telephone number (850 ) 497-1684 <b>F</b> Group Exemption Number ▶
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is **not** required to attach Schedule B

**I Website:** ▶ WWW.PANHANDLETIGERBAY.COM  
**J Tax-exempt status** (check only one):  501(c)(3)  501(c)( 4 ) ◀ (insert no.)  4947(a)(1) or  527 (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 58,093.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	100.
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	6,840.
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	51,123.
	<b>4</b>	Investment income . . . . . ATCH 1	<b>4</b>	5.
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . . <b>5b</b>		0
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>		
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>			
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>			
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>			
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>			
<b>7b</b>	Less: cost of goods sold . . . . . <b>7b</b>		0	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>			
<b>8</b>	Other revenue (describe in Schedule O), . . . . . ATCH 2	<b>8</b>	25.	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b>		58,093.	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		
	<b>11</b>	Benefits paid to or for members . . . . . <b>11</b>		
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . . <b>12</b>		
	<b>13</b>	Professional fees and other payments to independent contractors . . . . . <b>13</b>		550.
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		
	<b>15</b>	Printing, publications, postage, and shipping . . . . . <b>15</b>		
	<b>16</b>	Other expenses (describe in Schedule O), . . . . . ATCH 3	<b>16</b>	51,105.
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>		51,655.	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		6,438.
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>		25,165.
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>		
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b>		31,603.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [ ]

What is the organization's primary exempt purpose? SEE PART III, LINE 28 AND SCHEDULE O. Describe the organization's program service accomplishments for each of its three largest program services...

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Table for program service expenses. Rows 28-31 describe services with grant amounts and foreign grant checkboxes. Row 32 is the total program service expenses, amounting to 41,590.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of RACHEL REYES Telephone no. 850-994-0088 Located at 5638 CHAMPIONS DRIVE PACE, FL ZIP + 4 32571
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42 c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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**d** Total number of other independent contractors each receiving over \$100,000 . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . .  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01209883
	Firm's name ▶	BLOOMER, GERI & COMPANY, CPAS		Firm's EIN ▶	59-3229334
	Firm's address ▶	1120 E. AVERY STREET		Phone no.	850-438-3622
	PENSACOLA, FL 32503				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  **Yes**  **No**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization

PANHANDLE TIGER BAY CLUB, INC.

Employer identification number

59-2496417

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	5.
<b>TOTAL</b>	<u>5.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

LATE FEES	25.
<b>TOTALS</b>	<u>25.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

MEAL COSTS - REGULAR MEETINGS	15,838.
SPEAKER FEES - REGULAR MEETINGS	2,500.
SPEAKER EXPENSES - REGULAR MEETINGS	4,188.
ANNUAL MEETING - MEAL COSTS	4,543.
ANNUAL MEETING - SPEAKER FEES	12,000.
ANNUAL MEETING - SPEAKER EXPENSES	2,522.
BANK CHARGES	224.
BOARD OF DIRECTOR MEETINGS	367.
BUSINESS MANAGER - CONTRACT LABOR	6,000.
OFFICE EXPENSES	2,262.
TAXES AND LICENSES	61.
MARKETING CONSULTANT	600.
<b>TOTAL</b>	<u>51,105.</u>

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	29,295.	29,353.
<b>TOTALS</b>	<u>29,295.</u>	<u>29,353.</u>

Name of the organization PANHANDLE TIGER BAY CLUB, INC.	Employer identification number 59-2496417
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ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PREPAID SPEAKERS		2,500.
TOTALS		2,500.

ATTACHMENT 6FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SUPPORT AND REVENUE FOR FUTURE PERIODS	4,130.	250.
TOTALS	4,130.	250.

ATTACHMENT 7FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

MEALS 20,380 SPEAKER COSTS & EXP 21,210 BRINGING POLITICAL,  
ECONOMIC & GOVERNMENTAL SPEAKERS TO FURTHER EDUCATE AND ENLIGHTEN  
MEMBERS AND PAYING GUESTS. THE ORGANIZATION ORGANIZES SPEECHES AND  
MEETINGS.



FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
RACHEL REYES 5638 CHAMPIONS DRIVE PACE, FL 32571	TREASURER 2.00	0	0	0
BETTY ROBERTS 2370 BLUFFS CIRCLE PENSACOLA, FL 32503	DIRECTOR 2.00	0	0	0
MIKE HILL 611 NEW WARRINGTON ROAD PENSACOLA, FL 32506	PRESIDENT 2.00	0	0	0
SALLY FOX 30 S SPRING STREET PENSACOLA, FL 32502	IMMEDIATE PAST PRESIDENT 2.00	0	0	0
ADRIANNA SPAIN 307 S. PALAFOX STREET PENSACOLA, FL 32502	VP ARRANGEMENTS 2.00	0	0	0
DONA USRY 6553 TERRASANTA PENSACOLA, FL 32504	DIRECTOR 2.00	0	0	0
JOHN TICE 909 E. CERVANTES ST, ST B PENSACOLA, FL 32501	DIRECTOR 2.00	0	0	0

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
DOROTHY DAVIS 8300 WILDE LAKE ROAD PENSACOLA, FL 32526	VP MEMBERSHIP 2.00	0	0	0
CHARLES GUND PO DRAWER 13207 PENSACOLA, FL 32591	DIRECTOR 2.00	0	0	0
GEORGE WHITE 10100 HILLVIEW ROAD #234 PENSACOLA, FL 32514	SECRETARY 2.00	0	0	0
JO JONES 2166 RESERVATION ROAD GULF BREEZE, FL 32563	VP PROGRAMS 2.00	0	0	0
ROY KINSEY 1925 EAST BRAINERD STREET PENSACOLA, FL 32503	DIRECTOR 2.00	0	0	0
STEPHEN PITRE 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32502	VP MEMBERSHIP 2.00	0	0	0
FRANK WHITE 5705 PENSACOLA BLVD PENSACOLA, FL 32505	DIRECTOR 2.00	0	0	0

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION (FORM W-2/</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
MIKE WEST 8175 SIX PENSE DRIVE PENSACOLA, FL 32514	DIRECTOR 2.00	0	0	0
MICHELLE INERE 5609 POINTE VERDE ROAD PENSACOLA, FL 32507	DIRECTOR 2.00	0	0	0
BOB HOLMES 5910 OSPREY PLACE PENSACOLA, FL 32504	DIRECTOR 2.00	0	0	0
ROSEANNA PHILLIPS 3370 VAL DOR PLACE	DIRECTOR 2.00	0	0	0
ROSANNE WILLIAMS 836 SAILFISH COURT PENSACOLA, FL 32507	EXECUTIVE SECRETARY 2.00	0	0	0
GRAND TOTALS		<u>0</u>	<u>0</u>	<u>0</u>