FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:06

DOCUMENT # 715900 (7)

1. Corporation Name

THE ARTS COUNCIL OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
321 PALAFOX PL PO BOX 731 PENSACOLA FL 32594	321 PALAFOX PL PO BOX 731 PENSACOLA FL 32594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1969
3a. Date of Last Report: 03/04/1994
4. FEI Number: 23-7022185 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EPPS, KENNETH
1250 N. 12TH AVE.
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	EPPS, KENNETH	1.2 NAME		
STREET ADDRESS	2050 N. 12TH AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	DT	2.1 TITLE	DT	XX Change ☐ Addition
NAME	DOLLARHIDE, MARGARET	2.2 NAME	Hilbert, Jerry	
STREET ADDRESS	29 PALAFOX PLACE	2.3 STREET ADDRESS	3535 Chastain Way	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL	
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, DONNA FASSETT	3.2 NAME		
STREET ADDRESS	3913 10TH AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE	DV	XX Change ☐ Addition
NAME	SITTEN, FRED	4.2 NAME	Emmanuel, Robert	
STREET ADDRESS	10140 NORIEGA DR.	4.3 STREET ADDRESS	30 South Spring St	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL	
TITLE	M	5.1 TITLE		☐ Change ☐ Addition
NAME	WITT, ANDREW	5.2 NAME		
STREET ADDRESS	1407 LEMHURST DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE	M	6.1 TITLE		☐ Change ☐ Addition
NAME	METZGER, ANDREW	6.2 NAME		
STREET ADDRESS	3547 FIRESTONE BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 3/16/95 904-432-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001700