

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744403 (7)

1. Corporation Name

ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST
FLORIDA, INC.



Principal Place of Business

Mailing Address

201 SO 'F' STR
PENSACOLA FL 32501
US

201 SO 'F' STR
PENSACOLA FL 32501
US

3. Date Incorporated or Qualified
09/27/1978

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERESCHER, MICHAEL B
201 SOUTH 'F' STREET
PENSACOLA, FL LP 32501

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME TOWNSEND, BRUCE
STREET ADDRESS 9220 PINE FOREST RD
CITY-ST-ZIP PENSACOLA FL

11 TITLE PD ☐ Change ☒ Addition
12 NAME Johnny Scapin
13 STREET ADDRESS 24 Horsehoe Lane
14 CITY-ST-ZIP Pensacola FL 32503
21 TITLE Treasurer/Director ☒ Change ☐ Addition

TITLE D- ☐ DELETE
NAME MCCOMBS, MIKE
STREET ADDRESS 604 CANAL ST
CITY-ST-ZIP MILTON FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME MCELHANY, TOM
STREET ADDRESS 1004 DOG TRACK ROAD
CITY-ST-ZIP PENSACOLA FL

31 TITLE VD ☐ Change ☒ Addition
32 NAME Mike Moore
33 STREET ADDRESS 55 South "A" Street
34 CITY-ST-ZIP Pensacola FL 32501

TITLE D ☒ DELETE
NAME MCLEMORE, MIKE
STREET ADDRESS 4522 N. DAVIS HWY
CITY-ST-ZIP PENSACOLA FL

41 TITLE SD ☐ Change ☒ Addition
42 NAME Mike McCray
43 STREET ADDRESS 372 West Roberts Road
44 CITY-ST-ZIP Cantonment FL 32533

TITLE D ☒ DELETE
NAME FELL, FRED
STREET ADDRESS 372 W ROBERTS RD
CITY-ST-ZIP CANTONMENT FL

51 TITLE D ☐ Change ☒ Addition
52 NAME Tom Godwin
53 STREET ADDRESS 100 South Pace Blvd
54 CITY-ST-ZIP Pensacola FL 32501

TITLE D ☒ DELETE
NAME ARMSTRONG, RICK
STREET ADDRESS 3920 N DAVIS HWY
CITY-ST-ZIP PENSACOLA FL

61 TITLE D ☐ Change ☒ Addition
62 NAME Scott LaCoste
63 STREET ADDRESS 1814 Blackbird Lane
64 CITY-ST-ZIP Pensacola FL 32534

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)(k), 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:

John D. Scapin II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Scapin II

2/28/96

(904) 433-5391

Date

Daytime Phone #

CR2E037 (12/95)