## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

751571

(1)

## FRIENDS OF THE SAENGER, INC.

V									
Principal Place	of Business	Mailing Address				-	440¢ 01041 01014 01041 04011 0	1811 848(F188)	
P.O. BOX 13666 PENSACOLA FL 32591 US		P. O. BOX 13666 PENSACOLA FL 32591-3666 US				Date Incorporated or Qualified	3a. Date of Last Re	aport	
ii.							03/17/1980	03/07/19	
2. Principal P	ace of Business	2a. Mailing Address					4. FEI Number 59-2015462	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8.75 A	1
City & State	9	City & State				6. Election Campaign Financing	\$5.00		
Zip	Country	<b>28</b> Zip	1 · · · · · · · · · · · · · · · · · · ·			<del></del>	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30			,			Florida Statutes	Yes 🔼 No	
9. Name and Address of Current Registered Agent 81							10. Name and Address of New Re	gistered Agent	
LEE, DOUG				82			ess (P.O. Box Number is Not Acceptable)		
118 S. I	PALAFOX STREET			83					
PENSAG	OLA FL 32501								<u> </u>
				84				FL 85 Zip (	
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State	and 617,1508, Florida State of Florida, Such change was	utes, the a authorize	above ed by	e-nan / the	ned corpo corporation	oration submits this statement for the poin's board of directors. I hereby accept	ourpose of changing it to the appointment as	s registered registered
agent. I a SIGNATURE	m familiar with, and accept the obliga	tions of, Section 617.0503, F	lorida Sta	atutes	S.				
SIGNATORE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	DTE Register	ed Age	nl sign	alure require	d whon reinstating)	DATE	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	· ·		1.1 TITLE				Change	☐ Addition
NAME	MEADOWS, SHERRI HEMMIN	.G	1.2	NAME					
STREET ADDRESS	125 PALAFOX PLACE		1.3 STREET ADDRESS		SS				
CITY-ST-ZIP	PENSACOLA FL		_	1.4 CITY - ST - ZIP					1 1 4 4 100
TITLE	TD DELETE			2.1 TITLE				☐ Change	Addition
NAME	GROSS, MRS. JOHN		2.2 NAME						
STREET ADDRESS	2708 BLACKSHEAR		2.3 STREET ADDRESS		SS				
CITY-ST-ZIP	PENSACOLA FL	Поссол			ST ZIP				
TITLE			1	3.1 TITLE		1		Change	Addition
NAME				NAME					
STREET ADORESS	1				ADDRE	SS			
CITY-ST-ZIP TITLE	PENSACOLA FL	DELETE		CHY-S	ST-21P	<del></del>		Change	Addition
NAME		☐ bcc	1	NAME		1		onlings	C YOURION
			1						
STREET ADDRESS			1		ADDRE	:55			
CITY-ST-ZIP TITLE	, , , , , , , , , , , , , , , , , , , ,	DELETE		CITY - S TITLE	11 - ZIP			☐ Change	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRI	22:			
CITY-ST-ZIP				bπy-s					
TITLE		DELETE		TITLE	e ( - \$-11			Change	Addition
NAME		<u> </u>	1	NAME		)		and army	
STREET ADDRESS					ADDR	ss			
OTHER ROUTES			0.3	bar o	AUU11	.~			

14. I do 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.

**FILED** 

May 20 1997 8:00am

Secretary of State