

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 # N09894 (9)
1. Corporation Name
THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.



Principal Place of Business: **504 NORTH BAYLEN STREET PENSACOLA FL 32501 US**
Mailing Address: **504 NORTH BAYLEN STREET PENSACOLA FL 32501 US**

3. Date Incorporated or Qualified: **06/21/1985**
3a. Date of Last Report: **01/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-2722183	Applied For	Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, JOHN B.
205 E. INTENDENCIA STREET
PENSACOLA FL 32501**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNHEISSER, MATT E	1.2 NAME	Harrell, Susan W.
STREET ADDRESS	504 N. BAYLEN STREET	1.3 STREET ADDRESS	UWF Political Science Dept.
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	1000 University Parkway Pensacola, FL 32514-5751
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, MICHAEL	2.2 NAME	Rogers, Casey
STREET ADDRESS	190 GOVERNMENTAL CENTER	2.3 STREET ADDRESS	125 West Romanos St., 8th Floor
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREISSER, STEPHEN	3.2 NAME	Bussell, Sally
STREET ADDRESS	114 E. GREGORY STREET	3.3 STREET ADDRESS	25 W. Cedar St., 4th Floor
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, JOHN B	4.2 NAME	Johnson, Carlton
STREET ADDRESS	316 S. BAYLEN STREET	4.3 STREET ADDRESS	510 E. Zaragoza St.
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, MOULTON	5.2 NAME	Peppler, Charles
STREET ADDRESS	25 WEST CEDAR STREET	5.3 STREET ADDRESS	15 West Main St.
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, CHERYL	6.2 NAME	Echsner, Stephen H.
STREET ADDRESS	700 S PALAFOX ST, #1-A	6.3 STREET ADDRESS	226 S. Palafox St.
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola, FL 32501

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, changed or on an attachment with an address.

SIGNATURE: _____ **President 01/17/96 (904) 434-7272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)