

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09894 (9)**  
1. Corporation Name  
**THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.**



Principal Place of Business <b>226 S PALAFOX ST PENSACOLA FL 32501 US</b>	Mailing Address <b>226 S PALAFOX ST PENSACOLA FL 32501 US</b>
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3. Date Incorporated or Qualified  
**06/21/1985**

4. FEI Number  
**59-2722183**

Applied For	<input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business  
21 **(SAME)**

2a. Mailing Address  
26 **(SAME)**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State

23 Zip Country

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**DAVIS, ROLLIN D JR  
226 S PALAFOX ST  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name	<b>NOT APPLICABLE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, ROLLINS JR</b>	1.2 NAME	
STREET ADDRESS	<b>226 S PALAFOX ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, CASEY</b>	2.2 NAME	
STREET ADDRESS	<b>125 WEST ROMANO ST 8TH FLOOR</b>	2.3 STREET ADDRESS	<b>RD ROBERT EMMANUEL</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	<b>305. SPRING STREET</b>
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECHSNER, STEPHEN</b>	3.2 NAME	
STREET ADDRESS	<b>316 S BAYLON ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>703-5 S PALAFOX ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, STEVEN J</b>	5.2 NAME	
STREET ADDRESS	<b>15 W LA RUA ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, ROBERT L</b>	6.2 NAME	
STREET ADDRESS	<b>125 W ROMANA ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: \_\_\_\_\_ **3-9-98** **435-7118** (P50)

CR2E037 (10/97)