

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

4. FEI Number
59-2722183

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

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

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 01/17/96 (904) 434-7272

Date

Daytime Phone #

CR2E037 (12/95)