

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

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

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| Principal Place of Business 226 S PALAFOX ST PENSACOLA FL 32501 US | Mailing Address 226 S PALAFOX ST PENSACOLA FL 32501 US |
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|---|--|----------------------|----------------------|
| 2. Principal Place of Business 21 (SAME) Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 25 (SAME) Suite, Apt. #, etc. 26 City & State 27 Zip 28 | Country 29 | Country 30 |
|---|--|----------------------|----------------------|

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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 |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 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 NOT APPLICABLE 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, ROLLINS JR | 1.2 NAME | |
| STREET ADDRESS | 226 S PALAFOX ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, CASEY | 2.2 NAME | YD ROBERT EMMANUEL |
| STREET ADDRESS | 125 WEST ROMANO ST 8TH FLOOR | 2.3 STREET ADDRESS | 305. SPRING STREET |
| CITY-ST-ZIP | PENSACOLA FL | 2.4 CITY-ST-ZIP | PENSACOLA, FL 32501 |
| TITLE | STD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ECHSNER, STEPHEN | 3.2 NAME | |
| STREET ADDRESS | 316 S BAYLON ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELCH, JOHN | 4.2 NAME | |
| STREET ADDRESS | 703-5 S PALAFOX ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, STEVEN J | 5.2 NAME | |
| STREET ADDRESS | 15 W LA RUA ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STONE, ROBERT L | 6.2 NAME | |
| STREET ADDRESS | 125 W ROMANA ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL | 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)