

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008985

FILED
Apr 24, 2018
Secretary of State
CC9433582547

Entity Name: EVERY CHILD A READER ESCAMBIA, INC.

Current Principal Place of Business:

308 SOUTH ALCANIZ STREET
PENSACOLA, FL 32502

Current Mailing Address:

P.O. BOX 71
PENSACOLA, FL 32591

FEI Number: 26-1200860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOSMAN, JOHN
308 SOUTH ALCANIZ STREET
PENSACOLA, FL 32502 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN HOSMAN

04/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ED
Name BODMER, ASHLEY
Address PO BOX 71
City-State-Zip: PENSACOLA FL 32591

Title CHAIRMAN
Name HOSMAN, JOHN
Address 308 SOUTH ALCANIZ STREET
City-State-Zip: PENSACOLA FL 32502

Title VC
Name GROVE, JENNIFER
Address ONE ENERGY PLACE
City-State-Zip: PENSACOLA FL 32520

Title D
Name NORMAN, JEAN
Address P.O. BOX 71
City-State-Zip: PENSACOLA FL 32591

Title TD
Name BARFIELD, BETHANY
Address 4724 N. DAVIS HWY
City-State-Zip: PENSACOLA FL 32503

Title D
Name FRANKLIN, EUGENE
Address 314 N. DEVILLIERS ST
City-State-Zip: PENSACOLA FL 32501

Title D
Name MOULTRIE, LINDA
Address P.O. BOX 71
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR
Name GINETTI, SCOTT
Address P.O. BOX 71
City-State-Zip: PENSACOLA FL 32591

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY D. BODMER

EXECUTIVE DIRECTOR

04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CRAWFORD, JASON
Address P.O. BOX 71
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR
Name BEMBRY, AVIS
Address P.O. BOX 71
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR
Name RIKER, MARY
Address 1000 COLLEGE BLVD.
BLDG. 23
City-State-Zip: PENSACOLA FL 32504