

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N07000008985

**Apr 30, 2017**

**Entity Name:** EVERY CHILD A READER ESCAMBIA, INC.

**Secretary of State**

**CC7155789622**

**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**

**04/30/2017**

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 DIRECTOR  
Name STOLHANSKE, JIM  
Address PO BOX 71  
City-State-Zip: PENSACOLA FL 32591

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 SECRETARY  
Name MADDEN, PHILOMENA  
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 BODMER**

**EXECUTIVE DIRECTOR**

**04/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name MOULTRIE, LINDA  
Address 75 N. PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

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