

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09894

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC3133458983**

**Entity Name:** THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.

**Current Principal Place of Business:**

216 S. TARRAGONA STREET  
SUITE B  
PENSACOLA, FL 32502

**Current Mailing Address:**

216 S. TARRAGONA STREET  
SUITE B  
PENSACOLA, FL 32502 US

**FEI Number: 59-2722183**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOUBEK, MICHAEL A  
216 S. TARRAGONA STREET  
SUITE B  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title VPD  
Name FARRAR, GREGORY  
Address 109 N PALAFOX ST, SUITE 1  
City-State-Zip: PENSACOLA FL 32502

Title STD  
Name EMMANUEL, ROBERT  
Address 30 S SPRING ST  
City-State-Zip: PENSACOLA FL 32502

Title P  
Name ECHSNER, STEPHEN  
Address 17 E. MAIN STREET, SUITE 200  
City-State-Zip: PENSACOLA FL 32502

Title D  
Name SPAIN, ADRIANNA M  
Address 307 S. PALAFOX STREET  
City-State-Zip: PENSACOLA FL 32502

Title D  
Name WINDHAM, JOHN F  
Address 501 COMMENDENCIA STREET  
City-State-Zip: PENSACOLA FL 32502

Title D  
Name STOPP, MARGARET  
Address 220 W GARDEN STREET 9TH FLOOR  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name BERNAU, SHELDON  
Address 125 W. ROMANA STREET  
SUITE 224  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name NICKINSON, EDWARD P  
Address 190 W. GOVERNMENT STREET  
City-State-Zip: PENSACOLA FL 32502

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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: MICHAEL A. DOUBEK**

**CEO**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           STEVENSON, BENJAMIN J  
Address        P.O. BOX 12723  
City-State-Zip: PENSACOLA FL 32591

Title           CEO  
Name           DOUBEK, MICHAEL A  
Address        216 S. TARRAGONA STREET  
                  SUITE B  
City-State-Zip: PENSACOLA FL 32502