

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47064

**Entity Name:** ESCAMBIA COMMUNITY CLINICS, INC.

**Current Principal Place of Business:**

2315 W. JACKSON ST.  
PENSACOLA, FL 32505

**Current Mailing Address:**

2315 W. JACKSON ST.  
PENSACOLA, FL 32505 US

**FEI Number:** 59-3105246

**Certificate of Status Desired:** No

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

SMILEY, CHANDRA  
2315 W. JACKSON ST.  
PENSACOLA, FL 32505 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:** CHANDRA SMILEY

04/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name EMMANUEL, JOSEPH  
Address 5915 KAISER LANE  
City-State-Zip: PENSACOLA FL 32305

Title BOARD MEMBER  
Name ALDRIDGE, BRETT  
Address BHC, 1717 N. E. STREET  
City-State-Zip: PENSACOLA FL 32501

Title SECRETARY  
Name RITCHIE, BUZZ  
Address P.O. BOX 13401  
City-State-Zip: PENSACOLA FL 32591

Title VC  
Name KARIHER, JULES  
Address 3727 CEYLON COVE  
City-State-Zip: GULF BREEZE FL 32563

Title PD  
Name PORTER, JOHN  
Address BHC, 1717 N E. STREET  
City-State-Zip: PENSACOLA FL 32501

Title TREASURER  
Name LABRATO, JUSTIN  
Address 6055 MARIE DR  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name WILSON, BOB  
Address 636 E. ROMANA ST  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name SEELY, SEAN  
Address 1157 FINCH DR  
City-State-Zip: GULF BREEZE FL 32563

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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:** JOHN PORTER

PRESIDENT

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OWENS, THOMAS  
Address 1801 E. STRONG ST  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name CATTOUSE, FREDDIE  
Address 929 MASSACHUSETTES AVE  
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR  
Name WHITE, DAISY  
Address 542 PAULA AVENUE  
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR  
Name FOSTER, DOROTHY  
Address 4507 CHANTILLY WAY  
City-State-Zip: PENSACOLA FL 32505