**FILE NOW: FILING FEE IS $61.25**

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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707831** **(4)**

1. Corporation Name

**PENSACOLA PEOPLE TO PEOPLE COUNCIL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 9131<br>PENSACOLA FL 32513-9131<br>US | PO BOX 9131<br>PENSACOLA FL 32513-9131<br>US |

3. Date Incorporated or Qualified: 09/17/1964
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1110437 — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

MITCHELL, TAMARA
312 W BLOUNT STR
PENSACOLA FL 32501

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1417 Lemhurst Rd.
83
84 City: FL — 85 Zip Code: 32507

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: Tamara Mitchell
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CRENSHAW, SARA W. | | 1.2 NAME | | |
| STREET ADDRESS | 2013 DOWNING DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MITCHELL, TAMARA | | 2.2 NAME | | |
| STREET ADDRESS | 312 W. BLOUNT ST. | | 2.3 STREET ADDRESS | 1417 Lemhurst Rd. | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | | 2.4 CITY-ST-ZIP | 32507 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ANGELES, DORENE | | 3.2 NAME | | |
| STREET ADDRESS | 6185 AUDOBON DR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PARKER, JULIE | | 4.2 NAME | | |
| STREET ADDRESS | 4145 MONTALVO ST | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MURPHY, NORITA | | 5.2 NAME | | |
| STREET ADDRESS | 6946 FALCON DR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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:** Sara W. Crenshaw Sara W. Crenshaw 2-21-97 904-944-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # OPTIONAL