


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711757** (5)

1. Corporation Name

G.F.W.C. PENSACOLA, INC.



Principal Place of Business TRINITY PRESBYTERIAN CHURCH 3400 BAYOU BLVD PENSACOLA FL 32503 US	Mailing Address P O BOX 11703 PENSACOLA FL 32524 US
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3. Date Incorporated or Qualified
11/04/1966

4. FEI Number
51-0175946

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

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TELATMCH, LINDA
4521 CITADEL DRIVE
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, LORENDIA	1.2 NAME	
STREET ADDRESS	3489 RIVER GARDENS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, JULIE	2.2 NAME	Sec. Julie Terrell
STREET ADDRESS	3489 RIVER GARDENS CIRCLE	2.3 STREET ADDRESS	4570 Sailboat Ln.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISERMAN, RHONDA	3.2 NAME	
STREET ADDRESS	3471 RIVER GARDENS CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELATOVICH, LINDA	4.2 NAME	
STREET ADDRESS	4521 CITADEL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBYRN, NANCY	5.2 NAME	
STREET ADDRESS	8404 RIDGEFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Linda Telatovich* **Linda Telatovich 4-28-98 850-477-6951**

CP2E037 (10/97)