

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 711757**

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90122 041 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/04/1966

4. FEI Number

51-0175946

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

9. Name and Address of Current Registered Agent

TELATOVICH, LINDA  
4521 CITADEL DRIVE  
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

Elizabeth Bradford

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

1671 W. 9 1/2 mile Road

83

84 City

Cantonment

FL

85 Zip Code

32533

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

Elizabeth Bradford

Elizabeth Bradford Treasurer

Feb 9, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS ORTEGA, LORENDA  
CITY-ST-ZIP 3489 RIVER GARDENS CIRCLE  
PENSACOLA FL

TITLE ☐ DELETE

NAME S  
STREET ADDRESS TERRELL, JULIE  
CITY-ST-ZIP 4570 SAILBOAT LN  
PENSACOLA FL 32574

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS ISERMAN, RHONDA  
CITY-ST-ZIP 3471 RIVER GARDENS CR  
PENSACOLA FL

TITLE ☒ DELETE

NAME T  
STREET ADDRESS TELATOVICH, LINDA  
CITY-ST-ZIP 4521 CITADEL DRIVE  
PENSACOLA FL

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS KOBRYN, NANCY  
CITY-ST-ZIP 8404 RIDGEFIELD RD  
PENSACOLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Elizabeth Bradford  
1671 West 9 1/2 mile Rd  
Cantonment, FL 32533

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Elizabeth Bradford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9, 1999 850-478-2444

Date

Daytime Phone #

CR2E037 (11/98)