

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 715329 (9)

1. Corporation Name

THE PENSACOLA PEN WHEELS, INC./PENSACOLA EMPLOY  
THE HANDICAPPED COUNCIL

Principal Place of Business

1190 WEST LEONARD STREET  
PENSACOLA FL 32501

Mailing Address

1190 WEST LEONARD STREET  
PENSACOLA FL 32501



3. Date Incorporated or Qualified  
10/01/1968

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
71-5329271

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

JERNIGAN, WARREN H.  
1190 W LEONARD ST  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name  
Warren H. Jernigan  
82 Street Address (P.O. Box Number is Not Acceptable)  
2210 Warren Jernigan Place  
83  
84 City  
Pensacola FL 85 Zip Code  
32514

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 incorporating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JERNIGAN, WARREN H.  
STREET ADDRESS 2210 WARREN JERNIGAN PL  
CITY- ST- ZIP PENSACOLA FL ☐ DELETE

TITLE VD  
NAME YAX, LAWRENCE D  
STREET ADDRESS 4304 BURTONWOOD DR  
CITY- ST- ZIP PENSACOLA FL ☐ DELETE

TITLE TD  
NAME SMITH, BARBARA D  
STREET ADDRESS 5605 VESTAVIA LANE  
CITY- ST- ZIP PENSACOLA FL ☐ DELETE

TITLE VD  
NAME BOARD, WILLIAM J  
STREET ADDRESS 4525 SOUNDSIDE DR  
CITY- ST- ZIP GULF BREEZE FL ☐ DELETE

TITLE SD  
NAME SHEPPARD, LINDA C  
STREET ADDRESS 1612 PARADISE BAY DR  
CITY- ST- ZIP GULF BREEZE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Warren H. Jernigan 3-12-96 904-477-8376  
Signature and typed or printed name of signing officer or director Date District Phone #

CR2E037 (12/95)