

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 # 715411 (5)
1. Corporation Name
ESCAMBIA EDUCATION ASSOCIATION, INCORPORATED



Principal Place of Business
6551 PALAFOX HWY.
PENSACOLA FL 32503

Mailing Address
6551 PALAFOX HWY.
PENSACOLA FL 32503

3. Date Incorporated or Qualified
10/14/1968

3a. Date of Last Report
02/15/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-4024144 59-1024149	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
24 Country	29 Country		

9. Name and Address of Current Registered Agent

HUSBANDS, ROBERT
1055 FARMINGTON RD.
PENSACOLA FL 32504

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

TITLE	D	☒ DELETE
NAME	VINCENT, BILL	
STREET ADDRESS	1549 EL SERENO CIR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	☐ DELETE
NAME	HOLMES, MADONNA	
STREET ADDRESS	450 S. OLD CORRY FIELD RD.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	☒ DELETE
NAME	LEACH, LUCIE	
STREET ADDRESS	8453 TIPPIN AVE.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	☐ DELETE
NAME	TERRELL, KATHY	
STREET ADDRESS	2850 NAGEL DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	P	☒ DELETE
NAME	SCHWARTZ, PAM	
STREET ADDRESS	3028 HWY 297A	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	S	☐ DELETE
NAME	COSTELLO, ARLENE	
STREET ADDRESS	3960 WIMBLEDON DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☒ Addition
1.2 NAME	Ron Knowlton	
1.3 STREET ADDRESS	6118 Chicago Ave	
1.4 CITY-ST-ZIP	Pensacola, FL 32526	
2.1 TITLE	Treasurer	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	☐ Change ☒ Addition
3.2 NAME	Mona Simmons	
3.3 STREET ADDRESS	7658 Old Hickory Dr	
3.4 CITY-ST-ZIP	Pensacola, FL 32504	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	900001763549	
4.3 STREET ADDRESS	-04/01/96--01004--004	
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE	President	☒ Change ☐ Addition
5.2 NAME	Denise Dickenson	
5.3 STREET ADDRESS	573 S. 72nd Ave, #3	
5.4 CITY-ST-ZIP	Pensacola, FL 32506	
6.1 TITLE	Vice President	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Denise M. Dickenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/25/96

904-476-2906

Date

Daytime Phone #

CR2E037 (12/95)