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Mar 10 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 # 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/14/1968	4. FEI Number 59-1024149	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	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
**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 *Robert L. Husbands* **Robert L. Husbands** **3/3/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLTON, RON 6118 CHICAGO AVE PENSACOLA FL 32526 ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-- HOLMES, MADONNA 450 S. OLD CORY FIELD RD. PENSACOLA FL 32507 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, MONA 7658 OLD HICKORY DR PENSACOLA FL 32504 ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRELL, KATHY 2850 NAGEL DRIVE PENSACOLA FL 32503 ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKENSON, DENISE 573 S. 72ND AVE, #3 PENSACOLA FL 32508 ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTELLO, ARLENE 3980 WIMBLEDON DR. PENSACOLA FL 32504 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Laurie Godwin 712 Underwood Ave #700J Pensacola, FL 32504 ☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice-President Change ☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Kathy Breakall 5666 Dove Dr Pace, FL 32571 ☐ Change ☒ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Preston Pittman 2133 Packwood Dr Cantonment, FL 32533 ☐ Change ☒ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	President Arlene Costello 3690 Wimbledon Dr Pensacola, FL 32504 ☐ Change ☒ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director Susan Shields 1323 Carrick Ave Pensacola, FL 32506 ☐ Change ☒ Addition

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: *Arlene Costello* **Arlene Costello President 3/3/98 850-476-2906**

CP2E037 (10/97)