FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Jun 24, 1999 8:00 am
Secretary of State
06-24-1999 90008 028 ****61.25

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DOCUMENT # **715411**

1. Corporation Name
ESCAMBIA EDUCATION ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
6551 PALAFOX HWY. PENSACOLA FL 32503	6551 PALAFOX HWY. PENSACOLA FL 32503

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

3. Date Incorporated or Qualifed: 10/14/1968

4. FEI Number: 59-1024149 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	*Director*	☒ Change ☐ Addition
NAME	GODWIN, LAURIE		1.2 NAME	*Kathy Terrell*	
STREET ADDRESS	712 UNDERWOOD AVE, #700J		1.3 STREET ADDRESS	*2850 Nagel Dr*	
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY-ST-ZIP	*Pensacola, FL 32503*	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, MADONNA		2.2 NAME		
STREET ADDRESS	450 S. OLD CORRY FIELD RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		2. 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BREAKALL, KATHY		3.2 NAME		
STREET ADDRESS	5666 DOVE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PITTMAN, PRESTON		4. 2 NAME		
STREET ADDRESS	2133 PACKWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COSTELLO, ARLENE		5.2 NAME		
STREET ADDRESS	3690 WIMPLEDON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHIELDS, SUSAN		6.2 NAME		
STREET ADDRESS	1323 CARRICK AE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		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: *Arlene Costello* SIGNATURE REQUIRED *Arlene Costello* *6/14/99* *850- 476-2906*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)