

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **715900** (7)
1. Corporation Name
THE ARTS COUNCIL OF NORTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
321 PALAFOX PL
PO BOX 731
PENSACOLA FL 32594

3. Date Incorporated or Qualified **01/15/1969** 3a. Date of Last Report **04/03/1995**

2. Principal Place of Business 2a. Mailing Address
21 **118A South Palafox** 26 **PO Box 731**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Pensacola FL** 27 **Pensacola, FL**
City & State City & State
23 **32501** 24 **USA** 28 **32594** 29 **USA**
Zip Country Zip Country

4. FEI Number **23-7022185** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EPPS, KENNETH
1250 N. 12TH AVE.
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name **Robert Emmanuel**
82 Street Address (P.O. Box Number is Not Acceptable) **30 South Spring Street**
83 **Pensacola**
84 City **FL** 85 Zip Code **32501**

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 Emmanuel** DATE **2/21/96**
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EPPS, KENNETH			1.2 NAME	Robert Emmanuel		
STREET ADDRESS	2950 N. 12TH AVE.			1.3 STREET ADDRESS	30 S Spring St		
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP	Pensacola, FL 32501		
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILBERT, JERRY			2.2 NAME	Fred Sitten		
STREET ADDRESS	3535 CHASTAIN WAY			2.3 STREET ADDRESS	10140 Noriega Dr		
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP	Pensacola FL 32514		
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRITT, DONNA FASSETT			3.2 NAME			
STREET ADDRESS	3913 10TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMMANUEL, ROBERT			4.2 NAME	Stephen Sheppard		
STREET ADDRESS	30 SOUTH SPRING ST			4.3 STREET ADDRESS	3530 Tyler Ave		
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP	Pensacola, FL 32503		
TITLE	M	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITT, ANDREW			5.2 NAME			
STREET ADDRESS	1407 LEMHURST DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METZGER, ANDREW			6.2 NAME			
STREET ADDRESS	3547 FIRESTONE BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			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: **Robert Emmanuel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

(904) 433-6881

CR2E037 (12/95)