

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # 715900 (7)

1. Corporation Name

THE ARTS COUNCIL OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

118 A SOUTH PALATOX
PENSACOLA FL 32501
US

P.O. BOX 731
PENSACOLA FL 32594-0731
US



2. Principal Place of Business

2a. Mailing Address

21 226 S. Palafox

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2nd Floor

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

01/15/1969

3a. Date of Last Report

02/26/1996

4. FEI Number

23-7022185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

EMMANUEL, ROBERT
30 S SPRING STREET
PENSACOLA FL 32501

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 PD ☒ DELETE

NAME EMMANUEL, ROBERT
STREET ADDRESS 30 S SPRING STREET
CITY-ST-ZIP PENSACOLA FL

TITLE DT ☐ DELETE

NAME SITTEN, FRED
STREET ADDRESS 10140 NOREIGA DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE DV ☐ DELETE

NAME MERRITT, DONNA FASSETT
STREET ADDRESS 3913 10TH AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE DS ☐ DELETE

NAME SHEPPARD, STEPHEN
STREET ADDRESS 3530 TYLER AVENUE
CITY-ST-ZIP PENSACOLA FL

TITLE M ☐ DELETE

NAME WITT, ANDREW
STREET ADDRESS 1407 LEMHURST DR
CITY-ST-ZIP PENSACOLA FL

TITLE M ☐ DELETE

NAME METZGER, ANDREW
STREET ADDRESS 3547 FIRESTONE BLVD.
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME LOHNE, LOHNE
1.3 STREET ADDRESS 324 S. ALCAZAR
1.4 CITY-ST-ZIP Pensacola, FL 32501

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0074871

CR2E037 (9/96)