

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719160 (4)

1. Corporation Name

**LOCAL 676, PENSACOLA ELECTRICAL WORKERS FRATERNA
L AND SOCIAL SOCIETY, INC.**

Principal Place of Business

**7830 N PALAFOX
PENSACOLA FL 32534**

Mailing Address

**7830 N PALAFOX
PENSACOLA FL 32534-4430**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1970	3a. Date of Last Report 01/25/1996
21		26		4. FEI Number 59-0449781	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent**10. Name and Address of New Registered Agent****SIMMONS, CHRISTOPHER
1997 W. DETROIT BLVD.
PENSACOLA FL 32534****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.

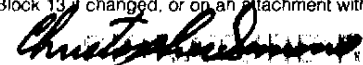
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, THOMAS E.	1.2 NAME	
STREET ADDRESS	3732 RAINES ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	1997 W. DETROIT BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRINGTON, KEITH L	3.2 NAME	
STREET ADDRESS	7749 DARTMOOR DR.	3.3 STREET ADDRESS	9901 N. Barth Rd.
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	Molino, FL 32577
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROXSON, JAMES M.	4.2 NAME	
STREET ADDRESS	10246 NICHOLS LAKE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MILTON FL	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHOBREY, EDDY C.	5.2 NAME	Whobrey, Eddy C.
STREET ADDRESS	150 PATCH AVE.	5.3 STREET ADDRESS	150 Patch Ave.
CITY - ST - ZIP	CRESTVIEW FL	5.4 CITY - ST - ZIP	Crestview, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

**Christopher Simmons**

January 13, 1997

904-477-8767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073408

CR2E037 (9/96)