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Jan 20 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 # **719160** (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**7830 N PALAFOX
PENSACOLA FL 32534**

**7830 N PALAFOX
PENSACOLA FL 32534**

3. Date Incorporated or Qualified

08/18/1970

4. FEI Number

59-0449781

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SIMMONS, CHRISTOPHER
1997 W. DETROIT BLVD.
PENSACOLA FL 32534**

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 **Christopher Simmons**

Signature, typed or printed name of registered agent and title if applicable.

(Type: Registered Agent signature required when reinstating)

January 15, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **SIMMONS, CHRISTOPHER**
STREET ADDRESS **1997 W. DETROIT BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☒ DELETE

NAME **HERRINGTON, KEITH L**
STREET ADDRESS **9901 N BARTH RD**
CITY-ST-ZIP **MOLINO FL**

TITLE **TD** ☐ DELETE

NAME **BROXSON, JAMES M.**
STREET ADDRESS **10246 NICHOLS LAKE RD.**
CITY-ST-ZIP **MILTON FL**

TITLE **PD** ☐ DELETE

NAME **WHOBREY, EDDY C.**
STREET ADDRESS **150 PATCH AVE.**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 15, 1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075740

CR2E037 (10/97)