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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 719160

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

08/18/1970

4. FEI Number

59-0449781

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

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

Jon L. Manly

82 Street Address (P.O. Box Number is Not Acceptable)

6403 Rambler Dr.

83

84 City

Pensacola

FL

85 Zip Code
32503

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

(NOTE: Registered Agent signature required when reinstating)

Jan. 18, 1999
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, CHRISTOPHER	1.2 NAME	Jon L. Manly
STREET ADDRESS	1997 W. DETROIT BLVD.	1.3 STREET ADDRESS	6403 Rambler Dr.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METZ, JACK	2.2 NAME	W. S. Nored
STREET ADDRESS	8293 TORTUGA ST	2.3 STREET ADDRESS	P. O. Box 362
CITY-ST-ZIP	NAVARRE FL 32566	2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROXSON, JAMES M.	3.2 NAME	Mitchell Lowery
STREET ADDRESS	10246 NICHOLS LAKE RD.	3.3 STREET ADDRESS	65 Highway 90W
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	Holt, FL 32564
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHOBREY, EDDY C.	4.2 NAME	Robert D. Watson
STREET ADDRESS	150 PATCH AVE.	4.3 STREET ADDRESS	5485 Deerwood Rd.
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: Katherine Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

850-477-8767

Date

Daytime Phone #

CR2E037 (11/98)