

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # 719160****1. Entity Name**

LOCAL 676, PENSACOLA ELECTRICAL WORKERS FRATERNAL AND SOCIAL SOCIETY, INC.

**Principal Place of Business**

7830 N PALAFOX

PENSACOLA  
32534

FL

**Mailing Address**

7830 N PALAFOX

PENSACOLA  
32534

FL

**2. Principal Place of Business**

7830 N PALAFOX STREET

Suite, Apt. #, etc.

**City & State**

PENSACOLA

FL

Zip  
32534Country  
US**3. Mailing Address**

7830 N PALAFOX STREET

Suite, Apt. #, etc.

**City & State**

PENSACOLA

FL

Zip  
32534Country  
US**4. FEI Number****59-3663151****Applied For**

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MANLY JON L

6403 RAMBLER DR

PENSACOLA

32503

FL

**7. Name and Address of New Registered Agent****Name**

MCDANIEL, REAGAN L

Street Address (P.O. Box Number is Not Acceptable)  
2530 FARRIS AVECity  
PENSACOLA

FL

Zip Code  
32526

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **REAGAN L. MCDANIEL**

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

(NOTE: Registered Agent signature required when reinstalling)

**04/27/2001**

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing  
Trust Fund Contribution.**☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

| TITLE          | EB                     | <input type="checkbox"/> Delete |
|----------------|------------------------|---------------------------------|
| NAME           | NOA VINCENT VJR        |                                 |
| STREET ADDRESS | 1475 OAK DRIVE         |                                 |
| CITY-ST-ZIP    | GULF BREEZE FL 32561   |                                 |
| TITLE          | VP                     | <input type="checkbox"/> Delete |
| NAME           | MCDANIEL REAGAN L      |                                 |
| STREET ADDRESS | 2530 FARRIS AVE        |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32526     |                                 |
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | LORD JOHN H            |                                 |
| STREET ADDRESS | 8041 VIRGINIA LANE     |                                 |
| CITY-ST-ZIP    | MILTON FL 32570        |                                 |
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | LOWERY MITCHELL        |                                 |
| STREET ADDRESS | 65 HWY 90 W            |                                 |
| CITY-ST-ZIP    | HOLT FL 32564          |                                 |
| TITLE          | S                      | <input type="checkbox"/> Delete |
| NAME           | PATE JAMES MJR         |                                 |
| STREET ADDRESS | PO BOX 3338            |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 325163338 |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | MANLY JON L            |                                 |
| STREET ADDRESS | 6403 RAMBLER DR        |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32503     |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|----------------|--|
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | EB JORDAN, RODNEY L  |
| STREET ADDRESS | 939 HIGHLAND BLVD.   |
| CITY-ST-ZIP    | PACE, FL 32571   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PD MCDANIEL, REAGAN L  |
| STREET ADDRESS | 2530 FARRIS AVE.   |
| CITY-ST-ZIP    | PENSACOLA, FL 325268992  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TD BEVERLY, PATRICK  |
| STREET ADDRESS | 2456 KINGSTON ROAD   |
| CITY-ST-ZIP    | CRESTVIEW, FL 32536  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | S PATE JAMES MJR   |
| STREET ADDRESS | PO BOX 3338  |
| CITY-ST-ZIP    | PENSACOLA FL 325163338   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SD MCDANIEL, REAGAN L  |
| STREET ADDRESS | 2530 FARRIS AVE.   |
| CITY-ST-ZIP    | PENSACOLA FL 325268992   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Reagan L. McDaniel**

PD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)