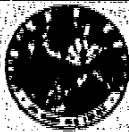


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:53

DOCUMENT # 720240 (1)

1. Corporation Name

PENSACOLA FEDERATION OF MUSICIANS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1971** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-0871930** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business

**17 S. PALAFOX PLACE STE 378
P.O. BOX 17143
PENSACOLA FL 32522**

Mailing Address

**17 S. PALAFOX PLACE STE 378
P.O. BOX 17143
PENSACOLA FL 32522**

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

10. Name and Address of New Registered Agent

**PFEIFFER, ADEN.
8491 OLD SPANISH TRAIL APT F71
PENSACOLA FL 32514**

81 Name

MARTIN, HELEN

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

3710 Stonewall Avenue

83

PENSACOLA FL 32507

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

April 7, 1995

SIGNATURE

Helen Martin

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 **D**
NAME **CETTI, CHARLES**
STREET ADDRESS **1202 N 12TH AVENUE**
CITY-ST-ZIP **PENSACOLA, FL 00000**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ST**
NAME **PFEIFFER, ADEN E**
STREET ADDRESS **8491 OLD SPANISH TR RD F71**
CITY-ST-ZIP **PENSACOLA FL 32514**

2.1 TITLE **ST**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

**MARTIN, HELEN
3710 STONEWALL AVENUE
PENSACOLA FL 32507**

TITLE **D**
NAME **OSCAR O. WILKERSON**
STREET ADDRESS **4978 PRIETO DR.**
CITY-ST-ZIP **PENSACOLA, FL 00000**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **FILLINGIM, THOMAS A.**
STREET ADDRESS **3133 KECK RD.**
CITY-ST-ZIP **CANTONMENT FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **RUSSELL, ROY E.**
STREET ADDRESS **4523 MONTEPELIER DR.**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **HORNE, FRANK**
STREET ADDRESS **306 N PINWOOD LANE**
CITY-ST-ZIP **PENSACOLA, FL 00000**

6.1 TITLE **P**
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**HORNE, FRANK
306 N PINWOOD LANE
PENSACOLA FL 32507**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Helen Martin

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 7, 1995 432-5018