FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

Principal Place of Business	Mailing Address
17 S. PALAFOX PLACE STE 376 P.O. BOX 17143 PENSACOLA FL 32522	17 S. PALAFOX PLACE STE 376 P.O. BOX 17143 PENSACOLA FL 32522

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 X **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: MARTIN, HELEN
82 Street Address (P.O. Box Number is Not Acceptable): 3710 Stonewall Avenue
83:
84 City: PENSACOLA FL 32507 — 85 Zip Code: FL

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.

SIGNATURE: Helen Martin — April 7, 1995
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	1.1 TITLE		☐ Change ☐ Addition
NAME	CETTI, CHARLES	1.2 NAME		
STREET ADDRESS	1202 N 12TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE	ST	X ☐ Change ☐ Addition
NAME	PFEIFFER, ADEN E	2.2 NAME	MARTIN, HELEN	
STREET ADDRESS	8491 OLD SPANISH TR RD F71	2.3 STREET ADDRESS	3710 STONEWALL AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	OSCAR O. WILKERSON	3.2 NAME		
STREET ADDRESS	4978 PRIETO DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	FILLINGIM, THOMAS A.	4.2 NAME		
STREET ADDRESS	3133 KECK RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, ROY E.	5.2 NAME		
STREET ADDRESS	4523 MONTPELIER DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	P	XX ☐ Change ☐ Addition
NAME	HORNE, FRANK	6.2 NAME	HORNE, FRANK	
STREET ADDRESS	306 N PINEWOOD LANE	6.3 STREET ADDRESS	306 N PINEWOOD LANE	
CITY-ST-ZIP	PENSACOLA, FL 00000	6.4 CITY-ST-ZIP	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 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: Helen Martin — Apr. 7, 1995 — 432-5018
Helen Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071393