

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32522-7143**



2. Principal Place of Business	2a. Mailing Address
21 1401 West Intendencia	26 1401 West Intendencia
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Pensacola, FL	28 Pensacola, FL
Zip	Zip
24 32501	29 32501
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 02/10/1971	3a. Date of Last Report 04/16/1996
4. FEI Number 59-0871930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HELEN	2.2 NAME	
STREET ADDRESS	3710 STONEWALL AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLINGIM, THOMAS A.	3.2 NAME	
STREET ADDRESS	3133 KECK RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CANTONMENT FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROY E.	4.2 NAME	P
STREET ADDRESS	4523 MONTEPELIER DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, FRANK	5.2 NAME	D
STREET ADDRESS	308 N PINWOOD LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA, FL 00000	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OCCHIPINTI, JOSEPH	6.2 NAME	NA
STREET ADDRESS	PO BOX 4068 PENSACOLA FL32507	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **HELEN S. MARTIN** **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 1997 **904-432-5018**
Date Daytime Phone # **0073171**

CR2E037 (9/96)