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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**1401 WEST INTENDENCIA
PENSACOLA FL 32501
US**

**1401 WEST INTENDENCIA
PENSACOLA FL 32501
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/10/1971

4. FEI Number

59-0671930

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CETTI, CHARLES
1202 N 12TH AVENUE
PENSACOLA, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
FILLINGIM, THOMAS A.
3133 KECK RD.
CANTONMENT FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
RUSSELL, ROY E.
4523 MONTEPELIER DR.
PENSACOLA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
HORNE, FRANK
306 N PINWOOD LANE
PENSACOLA, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY - ST - ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY - ST - ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY - ST - ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY - ST - ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY - ST - ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

Helen Martin **HELEN MARTIN** *Apr 13, 1998* (850) 432-5018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074665

CR2E037 (10/97)