FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 720240

1. Corporation Name

PENSACOLA FEDERATION OF MUSICIANS, INC.

Principal Place of Business
1401 WEST INTENDENCIA
PENSACOLA FL 32501
119

Mailing Address



04-27-1999 90041 020 ****61.25

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1401 WEST IN PENSACOLA F US		1401 WEST INTENDENC A PENSACOLA FL 32501 US	PENSACOLA FL 32501						
-	ace of Business	2a. Mailing Address	<u> </u>			3. Date Incorporated or Qualifed 02/10/1971			
21	н -1-	Suite, Apt. #, etc.				4. FEI Number Applied For			
Suite, Apt.	#, etc.	27			59-0871930 No: Applicable				
City & State		City & State			. m	\$8.75 A	dditional		
23		28		5. Certificate of Status Desire	H 🗆	Fee Re	quired		
Zip	Country	Zip	Countr	у	6. Election Campaign Finance	ng []	\$5.00	May Be	
24	25 29		30		Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of Ne	w Registered	d Agent		
			8	1 Name					
MARTIN, I	HFI FN		8	2 Street Add	dress (P.O. Box Number is Not Acc	eptable)			
3710 STONEWALL AVE						<u> </u>			
PENSACO		8	3						
			8	4 City		Fi	85 Zip C	ode	
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was au	itnonzea b	v tne corpolat	poration submits this statement for tion's board of directors. I hereby a	Scept ine appr	f changing its opintment as re-	registered jistered	
SIGNATURE	Signature, typed or printed rame of registered ager	it and title if applicable. (NOTE:	Registered Ag	ent signature re juin	red when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.	······································	ADDIT ONS/CHANGES TO	OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	CETTI, CHARLES		1.2 NAME						
STREET ADDFESS	1202 N 12TH AVENUE		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CITY-	ST-ZIP					
TIFLE	ST	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	MARTIN, HELEN		2.2 NAME	.					
STREET ADDRESS	3710 STONEWALL AVE		2.3 STRE	ET ADDRESS				ļ	
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY				(T) (N)	Addition	
TITLE	VP	☐ DELETE	3.1 T/TLE				Change	☐ Addition	
NAME	FILLINGIM, THOMAS A.		3.2 NAME	E					
STREET ADDRESS	3133 KECK RD.		3.3 STRE	ET ADDRESS				ĺ	
CITY-ST-ZIP	CANTONMENT FL		3.4. CITY					D A datator	
TITLE	P	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	Russell, roy e.		4. 2 NAM	E				İ	
STREET ADDRESS	4523 MONTPELIER DR.		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY	ST-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE	1			Change	Addition (
NAME	HORNE, FRANK		5.2 NAM						
STREET ADD RESS				ET ADDRESS				Ì	
CITY-ST-ZIP	PENSACOLA, FL 00000		5 4 CITY						
TITLE · .		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAM	İ					
STREET ADD RESS			6.3 STRE	ET ADORESS					
I	I		1						

14. I hereby certify that the inform ation 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, with all other like empowered.