

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90038 002 \*\*\*\*61.25

**DOCUMENT # 720240**

1. Entity Name

PENSACOLA FEDERATION OF MUSICIANS, INC.



Principal Place of Business

221 E. GARNEN ST.  
SUITE 4-W  
PENSACOLA FL 32501  
US

Mailing Address

P.O. BOX 17143  
PENSACOLA FL 32522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0871930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNARD, JANE B  
527 SEA PINE CIRCLE  
PENSACOLA FL 32507

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Betty Jane Dennard*

**Betty Jane Dennard, Secretary/Treasurer/ 1-19-05**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CETTI, CHARLES	
STREET ADDRESS	1202 N 12TH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DENNARD, BETTY JAME	
STREET ADDRESS	527 SEA PINE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DENNARD, ROBERT W	
STREET ADDRESS	527 SEA PINE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, DUANE	
STREET ADDRESS	3638 ASTON COURT	
CITY-ST-ZIP	GULF SHORES AL 36542	
TITLE	P	<input type="checkbox"/> Delete
NAME	FILLINGIM, THOMAS A	
STREET ADDRESS	3133 KECK RD.	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Martin	
STREET ADDRESS	3710 Stonewall Avenue	
CITY-ST-ZIP	Pensacola, Florida 32507	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennard, Betty Jane	
STREET ADDRESS	527 Sea Pine Circle	
CITY-ST-ZIP	Pensacola, Florida 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Revels	
STREET ADDRESS	1016 Towle Circle	
CITY-ST-ZIP	Pensacola, FLorida 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Betty Jane Dennard*

January 19, 2005

(850) 432-5018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #