

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90267 018 \*\*\*\*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

**527 Sea Pine Circle**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

City & State

Zip  
**32506**

Country  
**AMERICA**

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

DENNARD, JANE B  
527 SEA PINE CIRCLE  
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

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/ Secretary/Treasurer 3-20-2006**

(Please type or print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when consolidating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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** ☒ Delete  
NAME **MARTIN, HELEN**  
STREET ADDRESS **3710 STONEWALL AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **ST** ☐ Delete  
NAME **DENNARD, BETTY JANE**  
STREET ADDRESS **527 SEA PINE CIRCLE**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **VP** ☐ Delete  
NAME **DENNARD, ROBERT W**  
STREET ADDRESS **527 SEA PINE CIRCLE**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** ☐ Delete  
NAME **REVELS, JACK**  
STREET ADDRESS **1016 TOWLE CIRCLE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **P** ☐ Delete  
NAME **FILLINGIM, THOMAS A**  
STREET ADDRESS **3133 KECK RD.**  
CITY-ST-ZIP **MOLINO FL 32577**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

**March 20, 2006** **(850) 432-5018**