

07 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 720240

1. Entity Name
PENSACOLA FEDERATION OF MUSICIANS, INC.



Principal Place of Business
**527 SEA PINE CIR
PENSACOLA, FL 32506 US**

Mailing Address
**P.O. BOX 17143
PENSACOLA, FL 32522**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092007 Chg-NP CR2E037 (12/06)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
ST	DENNARD, BETTY JANE	527 SEA PINE CIRCLE	PENSACOLA, FL 32506				
VP	DENNARD, ROBERT W	527 SEA PINE CIRCLE	PENSACOLA, FL 32506				
D	REVELS, JACK	1016 TOWLE CIRCLE	PENSACOLA, FL 32514				
P	FILLINGIM, THOMAS A	3133 KECK RD.	MOLINO, FL 32577				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Betty Jane Dennard July 9, 2007 850-456-0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR