

FILE NOW: FILING FEE IS \$61.25

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Mar 30 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 # 744403 (7)
1. Corporation Name
ELECTRICAL CONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business 201 SO 'F' STR PENSACOLA FL 32501 US	Mailing Address 201 SO 'F' STR PENSACOLA FL 32501 US
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3. Date Incorporated or Qualified 09/27/1978
4. FEI Number 59-2072922
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**GERESCHER, MICHAEL B
201 SOUTH 'F' STREET
PENSACOLA, FL LP 32501**

10. Name and Address of New Registered Agent
81 Name **Michele B. Kelson**
82 Street Address (P.O. Box Number is Not Acceptable)
201 South 'F' Street
83
84 City **Pensacola** **FL** 85 Zip Code **32501**

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 *Michele B. Kelson* **Michele B. Kelson** **March 25, 1998**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCAPIN, JOHNNY	
STREET ADDRESS	24 HORSESHOE LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCOMBS, MIKE	
STREET ADDRESS	804 CANAL ST	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, MIKE	
STREET ADDRESS	55 SOUTH 'A' ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCRAY, MIKE	
STREET ADDRESS	372 W ROBERTS RD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GODWIN, TOM	
STREET ADDRESS	9220 PINE FOREST ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LACOSTE, SCOTT	
STREET ADDRESS	1814 BLACKBIRD LANE	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Williams, Greg
5.3 STREET ADDRESS	76 East 9 Mile Road
5.4 CITY-ST-ZIP	Pensacola FL 32516
6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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; 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: *Greg Williams* **Greg Williams** **Mar. 25, 1998** 850-433-5391

CR2E037 (10/97)