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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746601

1. Corporation Name

**PENSACOLA-ESCAMBIA CLEAN COMMUNITY COMMISSION, I
NC.**

Principal Place of Business

312 W MAIN ST
PENSACOLA FL 32501

Mailing Address

312 W MAIN ST
PENSACOLA FL 32501



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/03/1979

4. FEI Number

59-1863230

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MCCORMICK, GEORGE H
312 W MAIN STREET
PENSACOLA FL 32501**

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **CD** ☒ DELETE
NAME **THOMPSON, R. CLARK**
STREET ADDRESS **700 S. PALAFOX ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **VCD** ☒ DELETE
NAME **HOLLAND, R SCOTT**
STREET ADDRESS **321 S ALCANIZ STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **TD** ☒ DELETE
NAME **GAUT, KATHY**
STREET ADDRESS **930 GERHERT DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **SD** ☐ DELETE
NAME **BOONE, LAVONE**
STREET ADDRESS **4950 WOODCLIFFE DR.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ DELETE
NAME **MCCORMICK, GEORGE H**
STREET ADDRESS **1165 SEABREEZE LANE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **Snyder, Robert E.**
1.3 STREET ADDRESS **3435 N. Alcaniz St.**
1.4 CITY-ST-ZIP **Pensacola, FL 32503**

2.1 TITLE **VCD** ☐ Change ☒ Addition
2.2 NAME **Kizziah, John M.**
2.3 STREET ADDRESS **4300 Bayou Blvd., Ste. 30**
2.4 CITY-ST-ZIP **Pensacola, FL 32503**

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **Maloy, Robert C.**
3.3 STREET ADDRESS **101 W. Garden St.**
3.4 CITY-ST-ZIP **Pensacola, FL 32501**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

GEORGE H. MCCORMICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)