FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760263 (4)

1. Corporation Name
PENSACOLA SPECIAL STEPPERS, INC.

Principal Place of Business
BAYVIEW COMMUNITY CEN.
20TH & LLOYD STREETS
PENSCOLA FL 32503
US

Mailing Address
C/O TERRY KELLEN
P.O. BOX 11313
PENSACOLA FL 32524-3252
4S

3. Date Incorporated or Qualified: 10/02/1981
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2145881 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CHERRY FRANK
257 MAN-O-WAR CIRCLE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent
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: Frank Cherry, Advisor — Signature, typed or printed name of corporate officer (if applicable) (NOTE: Registered Agent signature required when filing/altering) — DATE: January 22, 1996

12 OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CROWN, MARIE	
STREET ADDRESS	8 BESMA DRIVE	
CITY, ST, ZIP	PENSACOLA FL	
TITLE	VD	☐ DELETE
NAME	DUKE, LILLIAN	
STREET ADDRESS	3254 DONELY STREET	
CITY, ST, ZIP	PENSACOLA FL	
TITLE	SD	☐ DELETE
NAME	ANSON, RUTH	
STREET ADDRESS	4080 KING ARTHUR DRIVE	
CITY, ST, ZIP	PENSACOLA FL	
TITLE	AD	☐ DELETE
NAME	CHERRY, FRANK G	
STREET ADDRESS	257 MAN O WAR	
CITY, ST, ZIP	CANTONMENT FL	
TITLE	FTT	☐ DELETE
NAME	KELLEN, TERRY	
STREET ADDRESS	3945 HIDDEN OAK DRIVE	
CITY, ST, ZIP	PENSACOLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Terry Kellen — Terry Kellen, treas. — 1/22/96 — 904-477-5946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)