


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90058 008 ****61.25

0076392

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760263 1. Corporation Name PENSACOLA SPECIAL STEPPERS, INC.					
Principal Place of Business BAYVIEW COMMUNITY CEN. 20TH & LLOYD STREETS PENSACOLA FL 32503 US			Mailing Address C/O TERRY KELLEN P.O. BOX 11313 PENSACOLA FL 32524-3252 4S		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/02/1981 4. FEI Number 59-2145881 Applied For Not Applicable 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME CROWN, MARIE STREET ADDRESS 8 BESMA DRIVE CITY-ST-ZIP PENSACOLA FL 32506 <input type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME DUKE, WILLIAM STREET ADDRESS 3254 DOWNEY STREET CITY-ST-ZIP PENSACOLA FL <input checked="" type="checkbox"/> DELETE			2.1 TITLE VD 2.2 NAME Faulkenberry, Barbara 2.3 STREET ADDRESS 3491 Mai Kai Dr. 2.4 CITY-ST-ZIP Pensacola FL 32506 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE SD NAME MCLIN, MARY STREET ADDRESS 942 FAIRWAY DR. CITY-ST-ZIP PENSACOLA FL 32506 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE AD NAME CHERRY, FRANK G STREET ADDRESS 257 MAN O WAR CITY-ST-ZIP CANTONMENT FL 32533 <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE FTT NAME KELLEN, TERRY STREET ADDRESS 3945 HIDDEN OAK DRIVE CITY-ST-ZIP PENSACOLA FL 32504 <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *Terry Kellen* **SIGNATURE REQUIRED** Terry Kellen 01/13/99 850-477-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)