FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:26

DOCUMENT # 762418 (2)

1. Corporation Name

WARRINGTON EMERGENCY AID CENTER, INCORPORATED

Principal Place of Business	Mailing Address
10 W SUNSET AVE PO BOX 4191 PENSACOLA FL 32507	10 W SUNSET AVE PO BOX 4191 PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1982
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2173289 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEES, DAVID L.
418 NORTH PALAFOX ST.
PENSACOLA FL 32501

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ANDERSON, HUGH	1.2 NAME	DAVID GORDON	
STREET ADDRESS	309 BREMEN AVE	1.3 STREET ADDRESS	414 COLBERT AVE	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LUNDGREN, VICTOR	2.2 NAME	RON BIGGERSTAFF	
STREET ADDRESS	403 LABREE RD	2.3 STREET ADDRESS	~~285~~ 612 S 1ST ST.	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	DECKER, JACK	3.2 NAME	HUGH ANDERSON	
STREET ADDRESS	220 SECOND ST	3.3 STREET ADDRESS	309 BREMEN AVE	
CITY-ST-ZIP	PENSACOLE FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SAVELLE, BETTY J	4.2 NAME		
STREET ADDRESS	26 STAR LAKE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HEISLER, WILLIAM	5.2 NAME	VICTOR LUNDGREN	
STREET ADDRESS	1432 LEMHURST RD	5.3 STREET ADDRESS	403 LABREE RD	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, WILSON	6.2 NAME		
STREET ADDRESS	430 BIG BAYOU RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	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)(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.

SIGNATURE: David G. Gordon 13 Feb 1995 (904) 432-8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071161