FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N02432

(5)

PENSACOLA ACTS, INC.

Principal Place	of Business	Mailing Address				
% JACKIE BECK 1836 OLIVE ROAD PENSACOLA FL 32514		% JACKIE BECK 1836 OLIVE ROAD PENSACOLA FL 3251	4			
renonous		12.10.10021 12.01	•	3. Date Incorporated or Qualified 04/09/1984	3a. Date of L 02/09	ast Report 9/1995
Principal Pla Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2433244	<u> </u>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	<i>Z</i> _I p	Country 30	8. This corporation has liability for in Florida Statutes	itangible tax unde	er s. 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name			
BECK, J/	ACKIE					
	IVE ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable	3)	
	OLA FL 32514		83			
PENSAC	ULA PL 32314					
			84 City		E 85	Zip Code
					<u> </u>	
11. Pursuant t	o the provisions of Sections 617.05 ed agent, or both, in the State of Fil	02 and 617.1508, Florida Stat wida. Such channe was autho	utes, the above-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing introduction	its registered office ered agent. Lam
	th, and accept the obligations of, Se			and of directors. Thereby the deppe	Timori ao rogisti	srod agont ram
SIGNATURE						
	Signature, typed or printed han e of registered ag		NO1E Hogistered Agent signature require		DATE	
12.		ND DIRECTORS	13.	ADDITIONS CHANGES TO OFFI		
TITLE	PD THEN DAME!	DELETE	11 Trice		Char	nge 🔲 Addition
NAME	TALLEY, DAVID L.		. 1.2 NAME			
STREET ADDRESS	8344 YANCEY AVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA FL	A MARKET AND D	1 4 CITY - ST - ZIP			
TITLE	VD	DELETE	2 1 TITL€		Char	nge 🔲 Add-tion
NAME	MORRISON, BOB		2.2 NAME			
STREET ADDRESS	500 N PALAFOX ST.		2.3 STREET ADDRESS			
CITY - ST - ZIP	PENSSCOLA FL		2 4 CITY - ST - ZIP			
TITLE	SD	DELETE	3 † TITLE		Char	nge 🔲 Addition
NAME	MARTIN, CHARLOTTE		3.2 NAME			
STREET ADDRESS	4950 CATALINA CIR		3 3 STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA FL		3.4 CITY-S1-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE		Char	nge 🗌 Addition
NAME	WOOTON, BONNIE		4. 2 NAME			
STREET ADDRESS	2255 BERG STREET		4.3 STREET ADORESS	20000177	1000	
CITY-ST-ZIP	PENSACOLA FL		4 4 CITY - ST - ZIP		27017	
TITLE		☐ DELETE	5 1 TIFLE	20000177 -04/08/36010; ***61.25	Char	nge 🔲 Addition
NAME			5 2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		Chai	nge Addition
NAME			6 2 NAME			>~,
STREET ADDRESS			6.3 STREET ADDRESS			1.6
CITY-ST-ZIP			6.4 CrTY - ST - ZIP			~ t
14. I do hereb	y certify that the information supplied	d with this filing is voluntarily for	imished and does not qualify to	for the exemption stated in Section 119.0 ate and that my signature shall have the s)7(3)(k), Florida S	tatutes. I further
oath; that		poration or the receiver or trus	stee empowered to execute th	ate and that my signature shall have the s is report as required by Chapter 617, Flo		

SIGNATURE:

David & Jally David L Talley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1 1996 (904)476-2203