

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90001 042 ****61.25

DOCUMENT # N09894

1. Corporation Name

THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.

Principal Place of Business

Mailing Address

226 S PALAFOX ST
PENSACOLA FL 32501
US

226 S PALAFOX ST
PENSACOLA FL 32501
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/21/1985

4. FEI Number

59-2722183

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, ROLLIN D JR
226 S PALAFOX ST
PENSACOLA FL 32501

81 Name DOUGLAS MARSH

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

30 S. Spring St.

83

84 City Pensacola

FL

85 Zip Code 32501

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DAVIS, ROLLIN D JR
STREET ADDRESS 226 S PALAFOX ST
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME W. Douglas Marsh
1.3 STREET ADDRESS 30 S. Spring St.
1.4 CITY-ST-ZIP Pensacola, FL 32501

TITLE VD ☐ DELETE
NAME EMMANUEL, ROBERT
STREET ADDRESS 3050 SPRING ST 30 S. Spring St.
CITY-ST-ZIP PENSACOLA FL 32501

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Susan Harrell
2.3 STREET ADDRESS 11000 University Pkwy. Bldg 50
2.4 CITY-ST-ZIP Pensacola, FL 32514

TITLE STD ☐ DELETE
NAME ECHSNER, STEPHEN
STREET ADDRESS 216 S BAYLEN ST 316 S. Baylen St.
CITY-ST-ZIP PENSACOLA FL 32501

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME John Bordelon
3.3 STREET ADDRESS 2721 Gulf Breeze Pkwy.
3.4 CITY-ST-ZIP Gulf Breeze, FL 32561

TITLE D ☒ DELETE
NAME WELCH, JOHN
STREET ADDRESS 703-5 S PALAFOX ST
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Gregory Farrar
4.3 STREET ADDRESS 109 N. Palafox St Ste 1
4.4 CITY-ST-ZIP Pensacola, FL 32501

TITLE D ☒ DELETE
NAME BAKER, STEVEN J
STREET ADDRESS 15 W LA RUA ST
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Virginia Buchanan
5.3 STREET ADDRESS 316 S. Baylen St.
5.4 CITY-ST-ZIP Pensacola, FL 32501

TITLE D ☒ DELETE
NAME STONE, ROBERT L
STREET ADDRESS 125 W ROMANA ST
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME DIANA Foote
6.3 STREET ADDRESS 30 W. Government St.
6.4 CITY-ST-ZIP Pensacola, FL 32501

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)