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 30 AM 10: 38

DOCUMENT # **N25649** **(7)**

1. Corporation Name
ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 17213 PENSACOLA FL 32522-4213	P.O. BOX 17213 PENSACOLA FL 32522-4213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1988**
3a. Date of Last Report: **03/29/1994**
4. FEI Number: **59-3143791** ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

DUNAWAY, STEVEN
6767 CHICAGO AVE
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name: Burleson, Douglas
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1725 E. Cervantes St.
84 City: Pensacola **FL** 85 Zip Code: 32501

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: Douglas M Burleson 3-24-95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNAWAY, STEVEN K. 6767 CHICAGO DRIVE PENSACOLA FL	11 TITLE PD 12 NAME Burleson, Douglas 13 STREET ADDRESS 1725 E. Cervantes St. 14 CITY-ST-ZIP Pensacola, Florida 32501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURLESON, DOUGLAS 1725 E CERVANTES ST PENSACOLA FL 32501	21 TITLE VD 22 NAME Davis, Jacqueline 23 STREET ADDRESS 8150 No. Palafox St. 24 CITY-ST-ZIP Lot 5 Pensacola, Fl 32534	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENNY, JAMES III 305 MANDALAY PENSACOLA FL 32507	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FAHRFORTH, MARY EMMA PO BOX 3522 N/A PENSACOLA FL 32516	41 TITLE 42 NAME TD Secchiari, B.J. 43 STREET ADDRESS 9276 No. Davis Hway. 44 CITY-ST-ZIP Pensacola, Florida 32514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIZDEVENES, BETTY 3614 W CERUMUTES ST PENSACOLA FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ODOM, B J 1195 GREENBRIER BL PENSACOLA FL 32514	61 TITLE D 62 NAME Kent, Mary 63 STREET ADDRESS 1209 Bridge Creel 64 CITY-ST-ZIP Pensacola, Florida 32506	☒ Change ☐ Addition

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: B. J. Secchiari Treasurer Jan. 31, 1995 904-477-2596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
B.J. Secchiari, TREASURER

007188