## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1996

N25649

Mailing Address

## ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.

P.O. BOX 17213 P.O. BOX 17213 PENSACOLA FL 32522-4213 PENSACOLA FL 32522-4213 3a. Date of Last Report 3. Date Incorporated or Qualified 03/30/1995 03/29/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3143791 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Country Ζıρ ☐ Yes ☐ No 30 Florida Statutes 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **BURLESON. DOUGLAS** 

1725 E CERVANTES ST PENSACOLA FL 32501

| 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: Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |  |  |   |  |  |
|--|--|--|---|--|--|
| SIGNATURE _  | Signature: typed or printed name of registerep agent and title if appir, aftile : (A | NOTE: Registered Agent signature require | orl when reinstating! DATE                        |  |  |
| 12.  | OFFICERS AND DIRECTORS   | 13.                                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
| TITLE T  | PD DELETE  | 1.1 TITLE                                | ☐ Change ☐ Addition                               |  |  |
| NAME   | BURLESON, DOUGLAS  | 1.2 NAME                                 |   |  |  |
| STREET ADDRESS   | 1725 E CERVANTES ST  | 1.3 STREET ADDRESS                       |   |  |  |
| C-TY-ST-ZiP  | PENSACOLA FL   | 14 CITY - ST - ZIP                       |   |  |  |
| TITLE  | VD Ø6ELETE   | 2 1 TITLE                                | Change Addition                                   |  |  |
| NAME   | DAVIS, JACQUELINE  | 2 2 NAME                                 | WARTA GOURNY                                      |  |  |
| STREET ADDRESS   | 8150 NO. PALAFOX ST., LOT 5  | 2 3 STREET ADDRESS                       | MARIA SCHENK                                      |  |  |
| CITY-ST-ZIP  | PENSACOLA FL~  | 2.4 CITY-ST-ZIP                          | 2442 SONORA CALZADA                               |  |  |
| T:TLE  | D DELETE   | 3 1 TITLE                                | PENSACLOA, FLA. 32507                             |  |  |
| NAME   | DENNY, JAMES III   | 3 2 NAME                                 |   |  |  |
| STREET ADDRESS   | 305 MANDALAY   | 3 3 STREET ADDRESS                       |   |  |  |
| CITY - ST - ZIP  | PENSACOLA FL 32507   | 3.4 CITY-ST-ZIP                          | hane) Addition                                    |  |  |
| THE  | <b>■D</b> DELETE   | 4 1 TITLE                                | Thangh [ ] Addition                               |  |  |
| NAME   | <del>SECCHIARI, B. J</del>   | 4 2 NAME                                 | MARY KOWALSKI                                     |  |  |
| STREET ADDRESS   | 9276 NO. DAVIS HWAY  | 4 3 STREET ADDRESS                       | 8591 ALVARADO CALZADA                             |  |  |
| CITY-ST-ZIP  | <del>PENSAGOLA F</del> L   | 4.4 CITY - ST - ZIP                      | PENSACOLA, FLA. 32507                             |  |  |
| TIFLE  | D DELETE   | 5 1 TITLE                                |   |  |  |
| NAME   | uzdevenes, betty   | 5.2 NAME                                 |   |  |  |
| STREET ADDRESS   | 3614 W CERUMUTES ST  | 5 3 STREET ADDRESS                       | 200001727172                                      |  |  |
| CITY - ST - ZIP  | PENSACOLA FL   | 54 CITY-ST-ZIP                           | -132/28/9801038005<br>****C9-75                   |  |  |
| TITLE  | V.P DELETE   | 6 1 TITLE                                | ***\$9.75   |  |  |
| NAME   | KENT, MARY   | 62 NAME                                  |   |  |  |
| STREET ADDRESS   | 1209 BRIDGE CREEK  | 6.3 STREET ADDRESS                       |   |  |  |

PENSACOLA FL 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)(k). 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 certify 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 atlachment with an address.

64 CITY - ST - ZIP

URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR