

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N25649** (7)

1. Corporation Name

ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.

Principal Place of Business

P.O. BOX 17213
PENSACOLA FL 32522-4213

Mailing Address

P.O. BOX 17213
PENSACOLA FL 32522-7213



3. Date Incorporated or Qualified
03/29/1988

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-3143791

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 617.1608, 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]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BURLESON, DOUGLAS**
STREET ADDRESS **1725 E CERVANTES ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **T
SCHENK, MARIA** *nick*
STREET ADDRESS **2442 SONORA CALZADA**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **D
DENNY, JAMES III**
STREET ADDRESS **305 MANDALAY**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **S
KOWALSKI, MARY**
STREET ADDRESS **8591 ALVARADO CALZADA**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ DELETE

NAME **D
UZDEVENES, BETTY** *Uma*
STREET ADDRESS **3614 W CERUMUTES ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **VP
KENT, MARY**
STREET ADDRESS **1209 BRIDGE CREEK**
CITY-ST-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)