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FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1008



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

DOCUMENT # N25649 (7)
1. Corporation Name
ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.



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

3. Date Incorporated or Qualified

03/29/1988

4. FEI Number

59-3143791

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 617.1508, 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
NAME BURLESON, DOUGLAS
STREET ADDRESS 1725 E CERVANTES ST
CITY-ST-ZIP PENSACOLA FL
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE T
NAME SCHENK, MARIA
STREET ADDRESS 2442 SONORA CALZADA
CITY-ST-ZIP PENSACOLA FL 32507
☐ DELETE

2.1 TITLE
2.2 NAME Nellie M. Kulzer
2.3 STREET ADDRESS 1185 1st St
2.4 CITY-ST-ZIP Pensacola FL 32506
☒ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME UZDEVENES, BETTY
STREET ADDRESS 3614 W CERUMUTES ST
CITY-ST-ZIP PENSACOLA FL
☐ DELETE

5.1 TITLE
5.2 NAME Diane A. B...
5.3 STREET ADDRESS 8574 BL. CAMINO DR
5.4 CITY-ST-ZIP Cantonment FL 32533
☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: [Signature] 2-28-98 650-440-17

CR2E037 (10/97)