


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90011 032 \*\*\*\*61.25

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|--|--|---|--|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                          |  |  |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N25649</b>   |  |   |  |   |  |
| 1. Corporation Name<br><b>ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.</b> |  |   |  |   |  |
| Principal Place of Business<br>P.O. BOX 17213<br>PENSACOLA FL 32522-4213 |  |   | Mailing Address<br>P.O. BOX 17213<br>PENSACOLA FL 32522-4213 |   |  |



|   |  |                        |   |  |  |
|---|--|------------------------|---|--|--|
| 2. Principal Place of Business  |  | 2a. Mailing Address    |   | 3. Date Incorporated or Qualified<br><b>03/29/1988</b>   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc. |   | 4. FEI Number<br><b>59-3143791</b>   |  |
| 22 City & State   |  | 27 City & State        |   | Applied For<br>Not Applicable  |  |
| 23 Zip  |  | 28 Zip                 |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                    |  |
| 24 Country  |  | 29 Country             |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent                                     |  |                        | 10. Name and Address of New Registered Agent          |  |  |
| <b>BURLESON, DOUGLAS</b><br><b>1725 E CERVANTES ST</b><br><b>PENSACOLA FL 32501</b> |  |                        | 81 Name   |  |  |
|   |  |                        | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
|   |  |                        | 83  |  |  |
|   |  |                        | 84 City   |  |  |
|   |  |                        | 85 Zip Code   |  |  |
|   |  |                        | <b>FL</b>   |  |  |

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 <i>Doug Burleson</i>                        |  | (NOTE: Registered Agent signature required when reinstating) |  | DATE |  |
| 12. OFFICERS AND DIRECTORS                            |  |  |  |      |  |
| TITLE   | PD   | <input type="checkbox"/> DELETE                              |  |      |  |
| NAME  | <b>BURLESON, DOUGLAS</b>   |  |  |      |  |
| STREET ADDRESS  | <b>1725 E CERVANTES ST</b>   |  |  |      |  |
| CITY-ST-ZIP   | <b>PENSACOLA FL</b>  |  |  |      |  |
| TITLE   | T  | <input checked="" type="checkbox"/> DELETE                   |  |      |  |
| NAME  | <b>KULZER, NELLIA M</b>  |  |  |      |  |
| STREET ADDRESS  | <b>11 GULF ST</b>  |  |  |      |  |
| CITY-ST-ZIP   | <b>PENSACOLA FL 32506</b>  |  |  |      |  |
| TITLE   | D  | <input type="checkbox"/> DELETE                              |  |      |  |
| NAME  | <b>DENNY, JAMES III</b>  |  |  |      |  |
| STREET ADDRESS  | <b>305 MANDALAY</b>  |  |  |      |  |
| CITY-ST-ZIP   | <b>PENSACOLA FL 32507</b>  |  |  |      |  |
| TITLE   | S  | <input type="checkbox"/> DELETE                              |  |      |  |
| NAME  | <b>KOWALSKI, MARY</b>  |  |  |      |  |
| STREET ADDRESS  | <b>8591 ALVARADO CALZADA</b>   |  |  |      |  |
| CITY-ST-ZIP   | <b>PENSACOLA FL 32507</b>  |  |  |      |  |
| TITLE   | D  | <input type="checkbox"/> DELETE                              |  |      |  |
| NAME  | <b>BOORE, VENCANTA V</b>   |  |  |      |  |
| STREET ADDRESS  | <b>857 L CAMINO DR</b>   |  |  |      |  |
| CITY-ST-ZIP   | <b>CANTONMENT FL 32533</b>   |  |  |      |  |
| TITLE   | VP   | <input type="checkbox"/> DELETE                              |  |      |  |
| NAME  | <b>KENT, MARY</b>  |  |  |      |  |
| STREET ADDRESS  | <b>1209 BRIDGE CREEK</b>   |  |  |      |  |
| CITY-ST-ZIP   | <b>PENSACOLA FL</b>  |  |  |      |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |      |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |      |  |
| 1.2 NAME  | <b>Joyce Metts</b>   |  |  |      |  |
| 1.3 STREET ADDRESS                                    | <b>100 W Grand Field DR</b>  |  |  |      |  |
| 1.4 CITY-ST-ZIP                                       | <b>Pensacola Fla 32506</b>   |  |  |      |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |      |  |
| 2.2 NAME  | <b>Vincent Du Beau</b>   |  |  |      |  |
| 2.3 STREET ADDRESS                                    | <b>857 - El Camino DR</b>  |  |  |      |  |
| 2.4 CITY-ST-ZIP                                       | <b>Pensacola Fla 32533</b>   |  |  |      |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |      |  |
| 3.2 NAME  |  |  |  |      |  |
| 3.3 STREET ADDRESS                                    |  |  |  |      |  |
| 3.4 CITY-ST-ZIP                                       |  |  |  |      |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |      |  |
| 4.2 NAME  |  |  |  |      |  |
| 4.3 STREET ADDRESS                                    |  |  |  |      |  |
| 4.4 CITY-ST-ZIP                                       |  |  |  |      |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |      |  |
| 5.2 NAME  |  |  |  |      |  |
| 5.3 STREET ADDRESS                                    |  |  |  |      |  |
| 5.4 CITY-ST-ZIP                                       |  |  |  |      |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |      |  |
| 6.2 NAME  |  |  |  |      |  |
| 6.3 STREET ADDRESS                                    |  |  |  |      |  |
| 6.4 CITY-ST-ZIP                                       |  |  |  |      |  |

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 *Doug Burleson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)