

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N25649

1. Entity 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 32522-4213

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3143791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SULLIVAN, EVA G
1047 OAK VIEW DRIVE
PENSACOLA, FL 32506-8166

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000032546
02/05/04-80007-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRITCHARD, JOHN
STREET ADDRESS	407 SEAMARGE LN
CITY-ST-ZIP	PENSACOLA, FL
TITLE	T
NAME	RASTALL, GEORGE
STREET ADDRESS	4636 WHISPER WAY
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	SD
NAME	SULLIVAN, EVA G
STREET ADDRESS	1047 OAK VIEW DR
CITY-ST-ZIP	PENSACOLA, FL 325068166
TITLE	PD
NAME	SANDERS, TERRY
STREET ADDRESS	519 TAMPICO BLVD
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Terry Sanders **TERRY SANDERS**

1/24/04

830 455-0906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #