


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90147 017 \*\*\*\*61.25

<b>DOCUMENT # N25649</b> 1. Entity Name <b>ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.</b>					
Principal Place of Business <b>P.O. BOX 17213 PENSACOLA, FL 32522-4213</b>				Mailing Address <b>P.O. BOX 17213 PENSACOLA, FL 32522-4213</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SULLIVAN, EVA G 1047 OAK VIEW DRIVE PENSACOLA, FL 32506-8166</b>				Name <b>TERRY SANDERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>519 TAMPICO BLVD</b> <b>PENSACOLA</b> City <b>FL</b> Zip Code <b>32506</b>	
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 <i>Terry Sanders</i> <b>PRESIDENT</b> <span style="float: right;">2/25/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRITCHARD, JOHN</b> <b>407 SEAMARGE LN</b> <b>PENSACOLA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOAN ENGEL</b> <b>8775 THUNDERBOLT DR</b> <b>PENSACOLA FL 32514</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RASTALL, GEORGE</b> <b>4638 WHISPER WAY</b> <b>PENSACOLA, FL 32504</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRIAN MOORE</b> <b>209 NW GILLIAN RD</b> <b>PENSACOLA FL 32507</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SULLIVAN, EVA G</b> <b>1047 OAK VIEW DR</b> <b>PENSACOLA, FL 32506-8166</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DENNIS MICKELSEN</b> <b>7040 Oakcliff Dr</b> <b>PENSACOLA FL 32526</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SANDERS, TERRY</b> <b>519 TAMPICO BLVD</b> <b>PENSACOLA, FL 32506</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERNEST BLOND</b> <b>210 SPAIN ST</b> <b>PENSACOLA FL 32503</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARK GILGORE</b> <b>107 RUBERIA AVE</b> <b>PENSACOLA FL 32507</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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, without other like empowered.					
<b>SIGNATURE: <i>Terry Sanders</i> <b>TERRY SANDERS</b></b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2/25/05</b> <span style="float: right;"><b>850 455-0966</b></span> <small>Date Daytime Phone #</small>	