

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N25649

1. Entity Name
ESCAMBIA COUNTY VETERANS ROUND TABLE, INC.



Principal Place of Business
5000 LILLIAN HIGHWAY
PENSACOLA, FL 32526

Mailing Address
P.O. BOX 17213
PENSACOLA, FL 32522-4213

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2008 KS

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

MICKELSEN, DENNIS R
7040 OAKCLIFF ROAD
PENSACOLA, FL 32526

7. Name and Address of New Registered Agent

Name Ernest Blood
Street Address (P.O. Box Number is Not Acceptable)
210 Springdale Circle
City Pensacola FL Zip Code 32503

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

FILE NOW!!! FEE IS \$61.25

After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ENGEL, JOAN	
STREET ADDRESS	8775 THUNDERBIRD DR	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MICKELSEN, MARCY	
STREET ADDRESS	7040 OAKCLIFF ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MICKELSEN, DENNIS	
STREET ADDRESS	7040 OAKCLIFF RD	
CITY-ST-ZIP	PENSACOLA, FL 325226	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, TERRY	
STREET ADDRESS	519 TAMPICO BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BLOD, ERNEST	
STREET ADDRESS	210 SPRINGDALE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILGORE, MARK	
STREET ADDRESS	107 RUBERIA AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN ENGEL	
STREET ADDRESS	8775 Thunderbird Dr.	
CITY-ST-ZIP	Pensacola, Fl. 32514	
TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milagros Fle	
STREET ADDRESS	634 Battan Blvd	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernest Blood	
STREET ADDRESS	210 Springdale Circle	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300138136023	
STREET ADDRESS	11/20/08--01036--002 **70.00	
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nathaniel B. Pess	
STREET ADDRESS	1000 Parkside Dr #43	
CITY-ST-ZIP	Pensacola, FL 32508	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK Kilgore	
STREET ADDRESS	107 Ruberia Ave	
CITY-ST-ZIP	Pensacola, Fl. 32507	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ernest R. Blood Pres.

11-10-08 (Res) 478-1079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #