COF	DNPROFIT RPORATION JAL REPORT <b>1999</b>		FLORIDA DEPARTI Katherine Secretary of DIVISION OF CO	Harris of State				<b>D</b> 9 8:00 of State 37 ****61.25	am e
<ol> <li>Corporation</li> </ol>	MENT # <b>N2</b> <sup>n Name</sup> NSACOLA ASSOCI		iors foundati	ON		\			
Principal Place 3000 LANGLEN SUITE 401 PENSACOLA F US	Y AVE.	P.O.	g Address BOX 11751 ACOLA FL 3254-449						
2. Principal Pl 1 Suite, Apt.	lace of Business #, etc.	26	ailing Address iite, Apt. #, øtc.			Date Incorporated of 11/29/1988 FEI Number	r Qualifed	Ap	plied For
2 City & Stat	e	· /	ty & State			59-2951530 Certifcate of Status	Desired 🗌	\$8.75 /	
3 Zip 4	Country	28 Zij 29	30	Country		Election Campaign Trust Fund Contribu		Fee Re <b>\$5.00</b> Added t	May Be
	9. Name and Addres I, BETTYE T IGLEY AVE	s of Current Register	ed Agent		Betty Address (F	Name and Addres re T. Galye O. Box Number is N Runnymeade	an Iot Acceptable)	erea Agent	
	1 DLA FL 32504 to the provisions of Sectic registered agent, or both, i	one 617 0502 and 617	1508 Elorida Statutas	83 84 City	Pensa		FL	32504 FL 85 Zip 0 se of changing its	
office or -									
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agent. I a SIGNATURE 2.	Im familiar with, and accept Signature, typed or printed name o	ot the obligations of, Se	ORS	a Statutes. gistered Agent signature r	aquired when r		DA	TE RS AND DIRECTO	IRS IN 12
agent. I a SIGNATURE 12. ITLE IAME ITREET ADDRESS	Bignature, typed or printed name o OF PD BROOKS, JOSEPH F 401 E GOVERNMEN	of the obligations of, Se fregletered egent and title if app FICERS AND DIRECT FICERS AND DIRECT ST	slicable. (NOTE: Re	a Statutes. nistared Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	aquired when r	einstating)	DA	TE	IRS IN 12
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