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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40034 (3)

1. Corporation Name

PENSACOLA WOMEN'S ALLIANCE, INC.



Principal Place of Business

Mailing Address

C/O MARY M. CALLAWAY
1600 NORTH PALAFOX STREET
PENSACOLA FL 32501

~~C/O VIRGINIA L. YEAGLE
4720 KITTY HAWK CIRCLE
GULF BREEZE FL 32561 3250~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 96 PAULA DRUMMOND

27 Suite, Apt. #, etc.

27 120 S. ALCANIE ST.

28 City & State

28 PENSACOLA FL

Zip

29 32501

Country

30

3. Date Incorporated or Qualified

09/19/1990

3a. Date of Last Report

07/30/1996

4. FEI Number

59-3037513

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLAWAY, MARY M.
1600 NORTH PALAFOX STREET
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME MCCURLEY, KAREN
STREET ADDRESS 3928 TANBRIDGE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE SD ☒ DELETE

NAME MARTIN, LEE
STREET ADDRESS 6123 CHABLIS LANE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE VPD ☒ DELETE

NAME HOWARD, CHERYL
STREET ADDRESS 834 FLEMING COURT
CITY-ST-ZIP PENSACOLA FL 32514

TITLE TD ☒ DELETE

NAME YEAGLE, VIRGINIA
STREET ADDRESS 4720 KITTY HAWK CIRCLE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE PD ☒ DELETE

NAME DAVIS, EVELYN
STREET ADDRESS 1500 E. JOHNSON AVE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☒ DELETE

NAME VARNER, PAT
STREET ADDRESS 607 FAIRPOINT DR
CITY-ST-ZIP GULF BREEZE FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PHILOMENA MARSHALL ☒ Change ☐ Addition

1.2 NAME PRESIDENT / DIRECTOR
1.3 STREET ADDRESS 120 S. ALCANIE ST.
1.4 CITY-ST-ZIP PENSACOLA FL 32501

2.1 TITLE VP/D ☒ Change ☐ Addition

2.2 NAME KATHY BREAKEALE
2.3 STREET ADDRESS 120 S. ALCANIE ST.
2.4 CITY-ST-ZIP PENSACOLA FL 32501

3.1 TITLE T/D ☒ Change ☐ Addition

3.2 NAME PAULA G. DRUMMOND
3.3 STREET ADDRESS 120 S. ALCANIE ST.
3.4 CITY-ST-ZIP PENSACOLA FL 32501

4.1 TITLE S/D ☒ Change ☐ Addition

4.2 NAME MARION GUTHRIE
4.3 STREET ADDRESS 120 S. ALCANIE ST.
4.4 CITY-ST-ZIP PENSACOLA FL 32501

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E037 (9/96)