

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N44882**

1. Corporation Name

**FAMILY RESOURCE PROGRAM OF ESCAMBIA COUNTY, INC.**

Principal Place of Business

**4400 BAYOU BLVD.  
SUITE 3C  
PENSACOLA FL 32503**

Mailing Address

**4400 BAYOU BLVD.  
SUITE 3C  
PENSACOLA FL 32503**

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90143 022 \*\*\*\*61.25

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2. Principal Place of Business

**21 4400 Bayou Blvd.**

2a. Mailing Address

**26 4400 Bayou Blvd**

3. Date Incorporated or Qualified

**08/28/1991**

Suite, Apt. #, etc.

**22 Suite 30B**

Suite, Apt. #, etc.

**27 Suite 30B**

4. FEI Number

**59-3080797**

Applied For

Not Applicable

City & State

**23 Pensacola, FL**

City & State

**28 Pensacola, FL**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

**24 32503**

Country

**25 USA**

Zip

**29 32503**

Country

**30 USA**

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

**ALDRIDGE, JAMES J  
4400 BAYOU BLVD.  
SUITE 3C  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name

**Sadie Y. Alexander**

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

**4400 Bayou Blvd.**

83

**Suite 30B**

84 City

**Pensacola**

**FL**

85 Zip Code

**32503**

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 *Sadie Y. Alexander* **Sadie Y. Alexander**

**3-29-99**

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 **D** ☒ DELETE  
NAME **ALDRIDGE, JAMES**  
STREET ADDRESS **3132 WATERVIEW DRIVE**  
CITY-ST-ZIP **MILTON FL 32583**

TITLE **D** ☒ DELETE  
NAME **FISHER, MICHELLE**  
STREET ADDRESS **6784 KARI CT.**  
CITY-ST-ZIP **PENSACOLA BEACH FL**

TITLE **D** ☒ DELETE  
NAME **TAYLOR, LAUREEN**  
STREET ADDRESS **203 ALGIERS ST.**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ DELETE  
NAME **RIACK, MELISSA J.**  
STREET ADDRESS **2299 SCENIC HWY., APT. 6-3**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Sadie Y. Alexander**  
1.3 STREET ADDRESS **4231 Cherry Laurel Dr.**  
1.4 CITY-ST-ZIP **Pensacola, FL 32504**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Donna Moore**  
2.3 STREET ADDRESS **3930 Dunwoody Dr.**  
2.4 CITY-ST-ZIP **Pensacola, FL 32503**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Susan Branton**  
3.3 STREET ADDRESS **5136 Soundside Dr.**  
3.4 CITY-ST-ZIP **Gulf Breeze, FL 32561**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Janith Anderson**  
4.3 STREET ADDRESS **5915 Bender Dr.**  
4.4 CITY-ST-ZIP **Pensacola, FL 32526**

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 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 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, with all other like empowered.

SIGNATURE: *Sadie Y. Alexander* **SIGNATURE REQUIRED 3-30-99**

**850-434-3267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

007736

CR2E037 (11/98)