

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90439 001 ***122.50

DOCUMENT # N44882

1. Entity Name

FAMILY RESOURCE PROGRAM OF ESCAMBIA COUNTY, INC.



Principal Place of Business

**4400 BAYOU BLVD.
STE 30B
PENSACOLA FL 32503
US**

Mailing Address

**4400 BAYOU BLVD.
STE 30B
PENSACOLA FL 32503
US**

66413901



MOORE CR2E037 (11/03)

2. Principal Place of Business

4400 Bayou Blvd.

Suite, Apt. #, etc.

Suite 46

City & State

Pensacola, FL.

Zip

32503

Country

Escambia

3. Mailing Address

4400 Bayou Blvd.

Suite, Apt. #, etc.

Suite 46

City & State

Pensacola, FL.

Zip

32503

Country

Escambia

4. FEI Number

59-3080797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEVERLY, JOANN
4400 BAYOU BLVD.
STE 30B
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **Cortrina Springs**

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

4400 Bayou Blvd.

Suite 46

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.

Cortrina Springs

4/15/04

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BEVERLY, JOANN**
STREET ADDRESS **1095 SUNSHINE LANE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete
NAME **SPRINGS, CORTRINA**
STREET ADDRESS **2701 FRANKS COURT**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **D** ☐ Delete
NAME **CARTWRIGHT, JANE**
STREET ADDRESS **3950 MCCLELLAN RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Rosemary Jones**
STREET ADDRESS **340 Beal Parkway, NW**
CITY-ST-ZIP **Ft. Walton Beach, FL. 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Rosemary Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

(850) 833-3774