

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

90 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48610 (2)
1. Corporation Name
PENSACOLA FIREMEN'S BENEVOLENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O JAMES STATAM **C/O JAMES STATAM**
1015 57TH AVE. **1015 57TH AVE.**
PENSACOLA FL 32506 **PENSACOLA FL 32506**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/29/1992** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-1056390** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1015 - 57th Ave** 26 **1015 - 57th Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **FLA** 27 **FLA**
City & State City & State
23 **PENSACOLA FLA** 28 **PENSACOLA FLA**
Zip Country Zip Country
24 **32506** 25 **FLA** 29 **32506** 30 **FLA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STATAM, JAMES B.
1015 N. 57TH AVE.
PENSACOLA FL 32506

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **JAMES D. STATAM**

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LANGFORD, JOHN M
STREET ADDRESS	3110 BENT OAKS RD.
CITY - ST - ZIP	PENSACOLA FL 32506
TITLE	SD
NAME	STATAM, JAMES A
STREET ADDRESS	1015 57TH AVE.
CITY - ST - ZIP	PENSACOLA FL 32501
TITLE	VD
NAME	KIMBERL, CHARLES W
STREET ADDRESS	3100 E. AVERY ST.
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **James D. Statam** **JAMES D. STATAM** **4-24-95** **904-453-1922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR