

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



Principal Place of Business  
**1015 57TH AVENUE  
1015 57TH AVE.  
PENSACOLA FL 32506  
US**

Mailing Address  
**1015 57TH AVENUE  
1015 57TH AVE.  
PENSACOLA FL 32506  
US**

3. Date Incorporated or Qualified **04/29/1992** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **59-1056390** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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 **JAMES D. STATAM**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1015 - 57th Ave**  
83  
84 City **PENSACOLA** FL 85 Zip Code **32506**

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 **James D. Statam**  
Signature, typed or printed name of registered agent and title if applicable.

*James D. Statam*  
NOTE: Registered Agent signature required when registering.

DATE **3-26-96**

## 12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LANGFORD, JOHN M	
STREET ADDRESS	3110 BENT OAKS RD.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STATAM JAMES O	
STREET ADDRESS	1015 57TH AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIMBERL, CHARLES W	
STREET ADDRESS	3100 E. AVERY ST.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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**

Date

Daytime Phone #

CR2E037 (12/95)