FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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1996

DOCUMENT # N9200000093 (6)

FIRST COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address				.	
And American					
PENSCOLA		6011 SEWELL RD PENSCOLA FL 32504			
				3. Date Incorporated or Qualified 11/02/1992	3a. Date of Last Report 08/10/1995
2. Principal F	Place of Business E. MAXWE//3+	2a. Mailing Address		4. FEI Number 59-3164836	Applied For
Suite, Apt		26 700 E, M A	XWE// St	39 3 10 40 30	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	1 1 1	City & State	L 1	6. Election Campaign Financing	\$5.00 May Be
23 <i>PENS</i> Zip	ACOLA F	28 PENSACOLA		Trust Fund Contribution	Added to Fees
24 325	03 25 ESCAMBIA	9 29 32503	30 ESCAMBIA	8. This corporation has liability for inte	angible tax under s. 199.032, Yes IZ No
	9. Name and Address of Curre		30 ASCITITIONA	10. Name and Address of New Reg	
81 Name F. V.A. 20 0'11'- N					
B2 Street Address (F				ess (P.O. Box Number is Not Acceptable)	JR.
6011 SEWELL RD PENSACOLA FL 32504 83				O E. MAXWEIL St.	
1 ENOADDA 1 E 02007					
			84 City P=	NSACOLA	FL 85 Zip Code 32503
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,			
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					
12.	Signature, typed or printed name of registered age OFFICERS At	nt end title if applicable. (NOTE:	Registered Agent signature required 13.	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE THE AND DIDECTORS IN 40
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHAINGES TO OFFICE	Change Addition
NAME	Evans, billie d Jr		1.2 NAME		
STREET ADDRESS	6011 SEWELL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 42504		1.4 CITY-ST-ZIP		
TITLE	D	□] DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME	BURNETT, SARAH W		2.2 NAME		
STREET ADDRESS	1900 W WRIGHT ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501	CONT.	2 4 CITY-ST-ZIP		
TITLE NAME	CLEVELAND, CHARLES	DELETE	3.1 TITLE		Change Addition
STREET ADDRESS	7865 HERRINGTON DR		3.2 NAME		
CITY-ST-ZIP	PENSACOLA FL 32534		3.3 STREET ADDRESS		
TITLE	D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	BURNETT, WILLIE E		4. 2 NAME		CT change CT Addition
STREET ADDRESS	1158 CAPITAL BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		4.4 CITY - ST - ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME,	MILES, TAMMY		5.2 NAME		
STREET ADDRESS	3211 N ALCANIZ ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32502		5.4 CITY - ST - ZIP		
TITLE		DEFELE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	v cortify that the information availant	with this films in the stand. E	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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylorna Prons &