

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -7 PH 1:54

DOCUMENT # N93000001016 (5)

1. Corporation Name

**THE FRIENDS OF THE U.S.S. MASSACHUSETTS, BB-2, I
NC.**

Principal Place of Business

Mailing Address

P.O. BOX 494
PENSACOLA FL 32501

P.O. BOX 494
PENSACOLA FL 32501

32593-0494

32593-0494

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3167557

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

7. Nonprofit with IRS 501(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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

32593-0494

LESCAMBA

32593-0494

ESCAMBA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, WILMER H
130 E. GOVERNMENT ST.
PENSACOLA FL 32501

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FRANKLIN, CONNIE
STREET ADDRESS P.O. BOX 1176 N/A (delete N/A)
CITY - ST - ZIP GONZALEZ FL 32560

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Drop N/A
1.4 CITY - ST - ZIP

TITLE VD
NAME FREELAND, KERRY
STREET ADDRESS 819 BAYOU BLVD.
CITY - ST - ZIP PENSACOLA FL 32503

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE SD
NAME COLEMAN, JIM
STREET ADDRESS 4547 LASSASSIER DR.
CITY - ST - ZIP PENSACOLA FL 32504

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD
NAME BEARD, EILENE
STREET ADDRESS 719 S. PALAFOX ST.
CITY - ST - ZIP PENSACOLA FL 32503- 32501

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Zip Code 32501
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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)(b), 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:

Eilene Beard Eilene Beard

3/1/95

904-433-4319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)