

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 # N94000002949 (5)

1. Corporation Name

**PENSACOLA TRI-COUNTY CHAPTER #35 COUNCIL OF THE
BLIND, INC.**

Principal Place of Business

Mailing Address

**3676 MOBILE HWY
PENSACOLA FL 32505**

**P.O. BOX 1019
PACE FL 32571**



3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
08/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

ESCAMBIA

29

30

SANTA ROSA

4. FEI Number

59-3317819

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

10. Name and Address of New Registered Agent

**HOLIMAN, HOMER
131 CYRIL DRIVE
MILTON FL 32571**

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 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

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** ☐ DELETE
NAME **STALLWORTH, LEVERT**
STREET ADDRESS **2976 MELODY LANE**
CITY-ST-ZIP **PENSACOLA FL 32505**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE
NAME **WHITLOCK, FREDDIE**
STREET ADDRESS **4703 LILLIAN HWY**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **BEN BAZO**
2.4 CITY-ST-ZIP **6102 CHICAGO AVE.**

TITLE **TD** ☐ DELETE
NAME **HOLIMAN, HOMER**
STREET ADDRESS **131 CYRIL DR**
CITY-ST-ZIP **PACE FL 32571**

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

TITLE **SD** ☒ DELETE
NAME **DOTSON, MARGIE**
STREET ADDRESS **14910 BAYLEN**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SD**
4.3 STREET ADDRESS **REID, MATTIE**
4.4 CITY-ST-ZIP **P.O. BOX 998**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VPD**
5.3 STREET ADDRESS **LOVETTE, RICHARD**
5.4 CITY-ST-ZIP **219 LINCOLN DR.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **FT. WALTON BCH, FL. 32547**

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: **Homer B. Holiman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-19-96 904-994-9376

DATE DAYTIME PHONE #

CR2E037 (12/95)