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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 32571-0019**

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 3676 Mobile Hwy

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 3676 Mobile Hwy

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 **Levert Stallworth**

82 Street Address (P.O. Box Number is Not Acceptable)

2976 Melody Lane

83

84 City **Pensacola**

FL

85 Zip Code
32505

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

TITLE **PD** ☐ DELETE

NAME **STALLWORTH, LEVERT**

STREET ADDRESS **2976 MELODY LANE**

CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **VPD** ☐ DELETE

NAME **BAZO, BEN**

STREET ADDRESS **6102 CHICAGO AVENUE**

CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **TD** ☐ DELETE

NAME **HOLIMAN, HOMER**

STREET ADDRESS **131 CYRIL DR 5128 SE 94th Dr.**

CITY-ST-ZIP **PACE FL 32571**

TITLE **SD** ☒ DELETE

NAME **REID, MATTIE**

STREET ADDRESS **P.O. BOX 998**

CITY-ST-ZIP **CENTURY FL**

TITLE **VPD** ☐ DELETE

NAME **LOVETTE, RICHARD**

STREET ADDRESS **219 LINCOLN ROAD**

CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ DELETE

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Levert Stallworth**

**904 434 3553
904 432 3272**

CR2E037 (9/96)