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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
US**

**3676 MOBILE HWY
PENSACOLA FL 32505
US**

3. Date Incorporated or Qualified

06/15/1994

4. FEI Number

59-3317819

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *2253 Country Place Cir.*

22 City & State

27 *Sturgen Accounting*

23 City & State

28 *Pensacola, FL*

24 Zip

Country

29 Zip

Country

30 *32534-9501*

US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STALLWORTH, LEVERT
2976 MELODY LANE
PENSACOLA FL 32505**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STALLWORTH, LEVERT	
STREET ADDRESS	2976 MELODY LANE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAZO, BEN	
STREET ADDRESS	6102 CHICAGO AVENUE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOLMAN, HOMER	
STREET ADDRESS	5128 SEAGULL DR	
CITY-ST-ZIP	PACE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAZO, ELIZABETH	
STREET ADDRESS	6102 CHICAGO AVE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LOVETTE, RICHARD	
STREET ADDRESS	219 LINCOLN ROAD	
CITY-ST-ZIP	FT. WALTON BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joe Brown	
3.3 STREET ADDRESS	633 Bay Point	
3.4 CITY-ST-ZIP	Milton, FL - 32570	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jan Bemiss	
5.3 STREET ADDRESS	1700 North 'L' St.	
5.4 CITY-ST-ZIP	Pensacola, FL - 32505	

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 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: *[Signature]*

5-11-98 850-968-4194

CR2E037 (10/97)