

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90143 008 ****61.25

DOCUMENT # N94000002949

1. Corporation Name

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

Principal Place of Business

3676 MOBILE HWY
PENSACOLA FL 32505
US

Mailing Address

2253 COUNTRY PLACE CIR
C/O STURGEN ACCOUNTING
PENSACOLA FL 32534
US

3 6 1 4 8 9
361488 - 90143 - 8



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/15/1994

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

9. Name and Address of Current Registered Agent

STALLWORTH, LEVERT
2976 MELODY LN
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
STALLWORTH, LEVERT
2976 MELODY LANE
PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BAZO, BEN
6102 CHICAGO AVENUE
PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BROWN, JOE
633 BAY POINT
MILTON FL 32570

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BAZO, ELIZABETH
6102 CHICAGO AVE
PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEMISS, JAN
1700 NORTH L STREET
PENSACOLA FL 32505

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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

850-433-5663

Daytime Phone #

CR2E037 (4/1/98)