

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90111 022 ****61.25

DOCUMENT # N94000002949

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3317819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	STALLWORTH, LEVERT	
STREET ADDRESS	2976 MELODY LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITLOCK, FREDDIE	
STREET ADDRESS	4703 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROYSTER, GLORIA	
STREET ADDRESS	705 W BRAINERD ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUTCHINS, GWEN	
STREET ADDRESS	7870 HERRINGTON DR	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOVETTE, RICHARD	
STREET ADDRESS	219 LINCOLN DR	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATTS, PAM	
STREET ADDRESS	2214 W HERMAN ST	
CITY-ST-ZIP	PENSACOLA FL 32505	

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Levert Stallworth*

3-17-03

CR2E037 (10/02)