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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000741 (7)**

1. Corporation Name

**MYSTIC ORDER OF BISCUITS OF ESCAMBIA COUNTY FLOR  
IDA, INC.**

Principal Place of Business

Mailing Address

**336 FT. PICKENS ROAD  
SUITE E-105  
PENSACOLA BEACH FL 32561**

**336 FT. PICKENS ROAD  
SUITE E-105  
PENSACOLA BEACH FL 32561-2034**



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

29

30

3. Date Incorporated or Qualified  
**02/15/1995**

3a. Date of Last Report  
**04/12/1996**

4. FEI Number  
**59-3346193**

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

**KING, NANCY E  
336 FT. PICKENS ROAD  
SUITE E-105  
PENSACOLA BEACH FL 32561**

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 **D** ☐ DELETE  
NAME **AUSBORN, PHOEBE**  
STREET ADDRESS **7531 STILLER LAKE ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32526**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **DONALD R. TURNER**  
1.3 STREET ADDRESS **2333 ARRIVISTE WAY**  
1.4 CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** ☒ DELETE  
NAME **BAILEY, SUSAN**  
STREET ADDRESS **125 HIGHPOINT DRIVE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☐ Addition  
2.2 NAME **DAVID MCLEAN**  
2.3 STREET ADDRESS **3327 FRIDINGER DRIVE**  
2.4 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **D** ☐ DELETE  
NAME **BLACKMON, ROBERT**  
STREET ADDRESS **1718 WHALEY AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

3.1 TITLE **SECRETARY** ☒ Change ☐ Addition  
3.2 NAME **NANCY E. KING**  
3.3 STREET ADDRESS **336 FT PICKENS RD SUITE E-105**  
3.4 CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE **PD** ☐ DELETE  
NAME **BUDZOWSKI, DAVID M**  
STREET ADDRESS **110 MATAMOROS**  
CITY-ST-ZIP **PENSACOLA BEACH FL**

4.1 TITLE **TREASURER** ☒ Change ☐ Addition  
4.2 NAME **TERI C. ROBERTSON**  
4.3 STREET ADDRESS **3521 EDINBURGH DRIVE**  
4.4 CITY-ST-ZIP **PACE, FL 32571**

TITLE **VD** ☐ DELETE  
NAME **MCLEAN, DAVID M**  
STREET ADDRESS **8237 SQUIRE ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32514**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **HAYES, DEBORAH J**  
STREET ADDRESS **4040 LEESWAY CIRCLE**  
CITY-ST-ZIP **PENSACOLA FL 32504**

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.

CR2E037 (9/96)

*Donald R. Turner*

4-17-97 (rev) 436 41630