


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90010 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000741					
1. Corporation Name MYSTIC ORDER OF BISCUITS OF ESCAMBIA COUNTY FLORIDA, INC.					
Principal Place of Business 336 FT. PICKENS ROAD SUITE E-105 PENSACOLA BEACH FL 32561			Mailing Address 336 FT. PICKENS ROAD SUITE E-105 PENSACOLA BEACH FL 32561		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3346193	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country		

9. Name and Address of Current Registered Agent KING, NANCY E 336 FT. PICKENS ROAD SUITE E-105 PENSACOLA BEACH FL 32561				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	TURNER, DONALD R	2333 ARRIVISTE WAY PENSACOLA FL 32504	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	TD	ROBERTSON, TERI	3521 EDINBURGH DR PACE FL 32571	1.2 NAME	
	D	BLACKMON, ROBERT	1718 WHALEY AVENUE PENSACOLA FL 32503	1.3 STREET ADDRESS	
	D	BUDZOWSKI, DAVID M	110 MATAMOROS PENSACOLA BEACH FL	1.4 CITY-ST-ZIP	
	SD	KING, NANCY E	336 FT PICKENS RD #E-105 PENSACOLA BCH FL 32526	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				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, with all other like empowered.

SIGNATURE: Donna Harris **SIGNATURE REQUIRED** 3-14-99 850-436-4630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #