

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000001108 (8)

1. Corporation Name

ESCAMBIA COUNTY NATIONAL ORGANIZATION FOR WOMEN,  
INC.

Principal Place of Business

P.O. BOX 7562  
PENSACOLA FL 32534

Mailing Address

P.O. BOX 7562  
PENSACOLA FL 32534



3. Date Incorporated or Qualified  
03/08/1995

3a. Date of Last Report

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

25

29

30

4. FEI Number

52-1624107

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

AMMON, D. REED ESQ  
900 NORTH PALAFOX STREET  
PENSACOLA FL 32501

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 P  
NAME DESMARAI, CHERYL  
STREET ADDRESS 2262 EQUESTRIAN WAY  
CITY-ST-ZIP PENSACOLA FL 32534 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME HENRICHON, DAWN  
1.3 STREET ADDRESS 3709 ANDREW JACKSON  
1.4 CITY-ST-ZIP PAGE, FL 32571 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME COX, LAURA  
2.3 STREET ADDRESS 40-2 HATCH RD.  
2.4 CITY-ST-ZIP PENSACOLA, FL 32508 ☐ Change ☒ Addition

3.1 TITLE S/D  
3.2 NAME KIRSCHENFELD, KIM  
3.3 STREET ADDRESS 206 W. LLOYD ST.  
3.4 CITY-ST-ZIP PENSACOLA, FL 32501-3068 ☐ Change ☒ Addition

4.1 TITLE T/D  
4.2 NAME GESUALDO, AMELIA  
4.3 STREET ADDRESS 31 BOXER CT.  
4.4 CITY-ST-ZIP PENSACOLA, FL 32506-6844 ☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dawn R. Henrichon Dawn Henrichon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)