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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

52-1624107

Applied For

☐ Not Applicable

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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Dawn R. Henrichon

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

3709 Andrew Jackson Dr.

83

84 City

Pace

FL

85 Zip Code

32571

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, to 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

Dawn Henrichon

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

(NOTE: Registered Agent signature required when reinstating)

4/25/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HENRICHON, DAWN	
STREET ADDRESS	3709 ANDREW JACKSON	
CITY-ST-ZIP	PACE FL 32571	

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

TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	COX, LAURA	
STREET ADDRESS	40-2 HATCH RD.	
CITY-ST-ZIP	PENSACOLA FL 32508	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kim Kirschenfeld
2.3 STREET ADDRESS	19 Seashore Dr.
2.4 CITY-ST-ZIP	Pensacola, FL 32561

TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	KIRSCHENFELD, KIM	
STREET ADDRESS	206 W. LLOYD ST.	
CITY-ST-ZIP	PENSACOLA FL 32501-3068	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tara Kirby-Manzanet
3.3 STREET ADDRESS	1421 E. Jackson St.
3.4 CITY-ST-ZIP	Pensacola, FL 32501-4334

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TRACY, AMY	
STREET ADDRESS	4771 BAYOU BLVD., #C124	
CITY-ST-ZIP	PENSACOLA FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen E. Henrichon
4.3 STREET ADDRESS	3709 Andrew Jackson
4.4 CITY-ST-ZIP	Pace, FL 32571

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Dawn Henrichon

Dawn Henrichon

4/25/98

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CR2E037 (10/97)