

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001108

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

FILED

99 SEP 16 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/08/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		52-1624107	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HENRICHON, DAWN R
3709 ANDREW JACKSON DRIVE
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name Tara Kirby
82 Street Address (P.O. Box Number is Not Acceptable) 1421 E. Jackson Street
83
84 City Pensacola FL 85 Zip Code 32501

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)

9/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D HENRICHON, DAWN	1.1 TITLE	PILOT
NAME	3709 ANDREW JACKSON	1.2 NAME	TARA KIRBY
STREET ADDRESS	PACE FL 32571	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V/D KIRSCHENFELD, KIM	2.1 TITLE	
NAME	19 SEASHORE DRIVE	2.2 NAME	
STREET ADDRESS	PENSACOLA FL 32561	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S/D KIRBY-MANZANET, TARA	3.1 TITLE	
NAME	1421 E JACKSON STREET	3.2 NAME	
STREET ADDRESS	PENSACOLA FL 32501-4334	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T HENRICHON, STEPHEN E	4.1 TITLE	
NAME	3709 ANDREW JACKSON	4.2 NAME	
STREET ADDRESS	PACE FL 32571	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/99

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438-6161

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