

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 # N95000003120 (1)

1. Corporation Name

PUENTE DEL MAR FOUNDATION, INC.

Principal Place of Business

**235 WEST 5TH STREET
PANAMA CITY FL 32401**

Mailing Address

**235 WEST 5TH STREET
PANAMA CITY FL 32401**



3. Date Incorporated or Qualified
06/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SAME**

27 **SAME**

City & State

28 **SAME**

23 **SAME**

29 **SAME**

Zip

Country

Zip

Country

24 **SAME**

25 **BAY**

30 **SAME**

31 **BAY**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SASSANO, LARRY
235 WEST 5TH STREET
PANAMA CITY FL 32401**

81 Name

SAME

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 **VICE PRESIDENT ECONOMIC DEV.** ☐ DELETE
NAME **FRANK M. TAMBERRINO, CID/CED**
STREET ADDRESS **PENSACOLA CHAMBER OF COMMERCE**
CITY-ST-ZIP **P. O. BOX 550, PENSACOLA, FL 32593**

1.1 TITLE **Vice President E.D.** ☐ Change ☒ Addition
1.2 NAME **D. Frank M. Tamberrino**
1.3 STREET ADDRESS **Pensacola Chamber of Commerce N/A**
1.4 CITY-ST-ZIP **P.O. Box 550, Pensacola, FL 32593**

TITLE **DIRECTOR OF ECONOMIC DEV.** ☐ DELETE
NAME **O. L. "OLLIE" ELLIS, JR.**
STREET ADDRESS **WASHINGTON COUNTY CHAMBER OF COMM.**
CITY-ST-ZIP **P. O. BOX 457
CHIPLEY, FL 32428-0457**

2.1 TITLE **Director of Economic Dev.** ☐ Change ☒ Addition
2.2 NAME **D. O. L. "Ollie" Ellis, Jr.**
2.3 STREET ADDRESS **Washington Co. Chamber of Commerce N/A**
2.4 CITY-ST-ZIP **P.O. Box 457
Chipley, FL 32428-0457**

TITLE **JOE KELLEY** ☐ DELETE
NAME **TALLAHASSEE AREA CHAMBER OF COMM.**
STREET ADDRESS **P. O. BOX 1639**
CITY-ST-ZIP **TALLAHASSEE, FL 32302-1639**

3.1 TITLE **Joe Kelley** ☐ Change ☒ Addition
3.2 NAME **D. Tallahassee Area Chamber of Commerce**
3.3 STREET ADDRESS **100 North David St. (DUVAD)**
3.4 CITY-ST-ZIP **Tallahassee, FL 32302-1639**

TITLE **CONNIE INGRAHAM** ☐ DELETE
NAME **PRESIDENT WORLD TRADE COUNCIL**
STREET ADDRESS **109 GARDEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32589**

4.1 TITLE **Connie Ingraham** ☐ Change ☒ Addition
4.2 NAME **D. Connie Ingraham**
4.3 STREET ADDRESS **President World Trade Council**
4.4 CITY-ST-ZIP **109 Garden St.
Pensacola, FL 32589**

TITLE **EXECUTIVE DIR. ECONOMIC DEV.** ☐ DELETE
NAME **LARRY SASSANO**
STREET ADDRESS **BAY COUNTY CHAMBER OF COMMERCE**
CITY-ST-ZIP **P. O. BOX 1850
PANAMA CITY, FL 32402**

5.1 TITLE **EXECUTIVE DIR. E.D.** ☐ Change ☒ Addition
5.2 NAME **D. LARRY SASSANO**
5.3 STREET ADDRESS **235 W. 5th St.**
5.4 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **NAME** ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **100001740781** ☐ Change ☒ Addition
6.2 NAME **-03/13/96--01020--015**
6.3 STREET ADDRESS *****61.25**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY SASSANO

1-29-96

904-785-8732

Date

Daytime Phone #

CR2E037 (12/95)