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FILED
Jan 27 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 # **N96000000719 (2)**

1. Corporation Name

ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC

Principal Place of Business

Mailing Address

**529 FONTAINE ST.
PENSACOLA FL 32503**

**529 FONTAINE ST.
PENSACOLA FL 32503**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

59-3365783

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

DEE KRUEGER

82

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

529 FONTAINE ST.

83

84

City

PENSACOLA

FL

85

Zip Code

32503

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 **DEE KRUEGER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BRINKLEY, CARA**
STREET ADDRESS **529 FONTAINE ST.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **VD** ☐ DELETE

NAME **KRUEGER, DEE**
STREET ADDRESS **3913 WEST MADURA**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **SD** ☐ DELETE

NAME **WALKER, DIANE**
STREET ADDRESS **1121 NORTH BARCELONA**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **PD** ☐ DELETE

NAME **BRINKLEY, CARA**
STREET ADDRESS **4460 D'EVEREUX DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **SD** ☐ DELETE

NAME **STOCKAMP, TOMMIE**
STREET ADDRESS **4615 FRANCISCO**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **TD** ☐ DELETE

NAME **VIDEAU, LOUISE**
STREET ADDRESS **4530 FRANCISCO ROAD**
CITY-ST-ZIP **PENSACOLA FL 32504**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

KRUEGER, DEE
529 FONTAINE ST.
PENSACOLA, FL 32503

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD

Patty Kattner
620 Baycliff Rd.
GULF BREEZE, FL 32561

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD

Judy Indian
4465 D'EVEREUX DR.
PENSACOLA, FL 32504

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

PD

BRINKLEY, CARA
4460 D'EVEREUX DR.
PENSACOLA, FL 32504

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SD

LIZ DAVIS
5930 OTHOR PL. Rd.
PENSACOLA, FL 32503

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD

WEAVER, CAROL
3711 Leyton
GULF BREEZE, FL 32561

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: **DEE A. KRUEGER** **1-6-98** **850-934-6741**

CR2E037 (10/97)