

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 032 ****61.25

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1. Entity Name
**FLORIDA RELIGIOUS COALITION FOR
PENSACOLA AREA CHAPTER OF THE RELIGIOUS
COALITION FOR REPRODUCTIVE CHOICE, INC.**



Principal Place of Business
C/O MARY M CALLAWAY, P.A.
1600 NORTH PALAFOX STREET
PENSACOLA FL 32501

Mailing Address
C/O STUART B. CARSON
5023 JENNY LANE
PENSACOLA FL 32507

40001470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3388507

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARY M. CALLAWAY, P.A.
1600 NORTH PALAFOX STREET
P.O. BOX 36097
PENSACOLA FL 32516

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME BROWN, THOMAS
STREET ADDRESS 3990 HIDDEN OAKS DRIVE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE D ☐ Change ☒ Addition
NAME TONYA CARTER
STREET ADDRESS 3172 GIFFORD LN
CITY-ST-ZIP SACRAMENTO CA 95833

TITLE S ☐ Delete
NAME WALKER, FAY D
STREET ADDRESS 328 S 61ST AVE
CITY-ST-ZIP PENSACOLA FL 32506

TITLE D ☐ Change ☒ Addition
NAME PAT LANGRISH
STREET ADDRESS 7803 CHARTER OAKS DR
CITY-ST-ZIP Pensacola, FL 32514

TITLE TD ☐ Delete
NAME CARSON, STUART
STREET ADDRESS 5023 JENNY LANE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Change ☒ Addition
NAME SPANN Polley
STREET ADDRESS 105 E. SEMORAN BLVD, Suite 253
CITY-ST-ZIP CASSLEBERRY FL 32107

TITLE D ☐ Delete
NAME MONTGOMERY, PAULA
STREET ADDRESS 641 BONNELL DRIVE
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☐ Change ☒ Addition
NAME MARYLON RUIZ
STREET ADDRESS 8680-10 SCENE HWY
CITY-ST-ZIP Pensacola, FL 32514

TITLE VP ☐ Delete
NAME SANCHEZ, GENA
STREET ADDRESS 886 VALLEY RIDGE RD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☐ Change ☒ Addition
NAME EDWARD STANFORD, JR
STREET ADDRESS 3343 WELLINGTON RD
CITY-ST-ZIP Pensacola, FL 32504

TITLE D ☐ Delete
NAME GRUBBS, EVELYN
STREET ADDRESS 401-C BAYSHORE DR.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Change ☒ Addition
NAME KATHERINE M. TYLER
STREET ADDRESS 2017 FLAMINGO LN
CITY-ST-ZIP NAVARE FL 32566

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. BROWN Pres *[Signature]* 4/24/06 8:50 479 2970