

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N96000004472**

1. Corporation Name
FRENCH CULTURAL SOCIETY OF PENSACOLA, INC.

Principal Place of Business
 3890 POTOSI RD.
 PENSACOLA FL 32504

Mailing Address
 3890 POTOSI RD.
 PENSACOLA FL 32504



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. - FEI Number NOT APPLICABLE	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIGGERS, DON E 3890 POTOSI RD. PENSACOLA FL 32504				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALULA, DAN			1.2 NAME	Joseph Callewaent		
STREET ADDRESS	3890 POTOSI RD.			1.3 STREET ADDRESS	3890 Potosi Rd.		
CITY-ST-ZIP	PENSACOLA FL 32504			1.4 CITY-ST-ZIP	Pensacola, FL 32504		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERHEYDEN, GUY			2.2 NAME			
STREET ADDRESS	3890 POTOSI RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGGERS, JUDITH			3.2 NAME			
STREET ADDRESS	3890 POTOSI RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGGERS, DON E			4.2 NAME			
STREET ADDRESS	3890 POTOSI RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANDLER, MARIANNE			5.2 NAME			
STREET ADDRESS	3890 POTOSI RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Don E. Biggers* 1-8-99 (850) 477-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime # ~, is #

CR2E037 (11/98)