FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700005256 (9)

ESCAMBIA COUNTY CITIZENS' COALITION, INC.

FILED Apr 24 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			1 12011/201 210 12/11 20/11 20/11 20/11 20/11	
		2014 HAMILTON CROSSIN CANTONMENT FL 32533	3 DRIVE		3. Date Incorporated or Qualified 09/16/1997 4. FEI Number	Applied For
					59-3475682	Not Applicable
├ ┐		2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	# etc	Sulte, Apt. #, etc.				Fee Required
22		— ·	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State	City & State		7. Is this nonprofit corporation a home	
23 28		28			Yes No	
Zip	Country	Zip	Country	/	B. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of Curr	ent Registered Agent	81	T 61	10. Name and Address of New Regis	tered Agent
7.504	5145 B414B A		[81	Name		
THERIAQUE, DAVID A			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
909 EAST PARK AVENUE			83			
TALLAHASSEE FL 32301			63			
1			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617 1508. Florida Statute	e the abov	e-named o	ornoration submits the statement for the nurre	FL
office or i agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was a igations of, Section 617.0503, Flo	uthorized by rida Statute	y the corpo	orporation submits this statement for the purp ration's board of directors. I hereby accept the	ne appointment as registered
	Signature, typed or printed name of registered is	gent and title if applicable. (NOTE	: Registered Age	ent signature re	quired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1.1 TITLE		MONTANDS, FRANCIS A	Change Addition
NAME	FOURNIER, GAIL		1.2 NAME		DIPIL	
STREET ADDRESS			1.3 STREET ADDRESS		-777	
CITY-ST-ZIP	PENSACOLA FL 32507	DELETE	1.4 CITY - 5	T-ZIP	77	
NAME	_	☐ DETEIE	2.1 TITLE 2.2 NAME		GARNER, TOM	Change Addition
STREET ADDRESS	MONTENES, FRANCIS A 2014 HAMILTON CROSSING DR				1544 EAST TOADAN	V Steent
CITY-ST-ZIP	CANTONMENT FL 32533			ADDRESS	PENSACOLA, FL. 825	h 9
TITLE	D	DELETE	2.4 CITY-3 3.1 TITLE	51-ZIP -		Change Addition
NAME	SANBORNE, ANNE		3 2 NAME		NOILE GAMBER D	
STREET ADDRESS	900 FORT PICKENS		3.3 STREET	ADDRESS	17119 PERDIDO KEY	DAIVE
CITY-ST-ZIP	PENSACOLA BEACH FL 32	561	3.4. CITY - 9		PONSARDIA, FL. 32507	
THLE	D	DELETE	4.1 TITLE			
NAME	THOMPSON, BETTY		4. 2 NAME		FOURNIER, 6412	-·· •
STREET ADDRESS	702 MALDONADO DRIVE		4.3 STREET	ADDRESS	FOURNIER, 64:2 317 BREMEN AMEN BROWNELL, FL. 32	<i>s</i> e
CITY-ST-ZIP	PENSACOLA BEACH FL 32		4.4 CITY - S	T-ZIP	PENERGE FL. 32	507
TITLE	D	DELETE	5.1 TITLE			Change Addition
NAME	WHITE, NANCY C		5.2 NAME			
STREET ADDRESS	16300 PERDIDO KEY DRIVE		5.3 STREET	ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		5.4 CITY-\$	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition

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 cath; 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: Coming Sellanting Francis A. Montages P. 4/14/2

CR2E037 (10/97