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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000005256

1. Corporation Name

ESCAMBIA COUNTY CITIZENS' COALITION, INC.

Principal Place of Business

2014 HAMILTON CROSSING DRIVE
CANTONMENT FL 32533

Mailing Address

2014 HAMILTON CROSSING DRIVE
CANTONMENT FL 32533



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

59-3475682

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

9. Name and Address of Current Registered Agent

THERIAQUE, DAVID A
909 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

TITLE DPC
NAME FOURNIER, GAIL
STREET ADDRESS 17351 PERDIDI KEY DR, UNIT 6
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D
NAME MONTENES, FRANCIS A
STREET ADDRESS 2014 HAMILTON CROSSING DR
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D
NAME SANBORNE, ANNE
STREET ADDRESS 900 FORT PICKENS
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D
NAME THOMPSON, BETTY
STREET ADDRESS 702 MALDONADO DRIVE
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE DV
NAME GARNER, TOM
STREET ADDRESS 1544 E JORDAN ST
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D
NAME BANSE, NOELLE
STREET ADDRESS 17119 PERIOD KEY DR
CITY-ST-ZIP PENSACOLA FL 32507

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME FOURNIER, GAIL
1.3 STREET ADDRESS 317 BREMEN AVE.
1.4 CITY-ST-ZIP PENSACOLA FL 32507

2.1 TITLE DPC
2.2 NAME MONTENES, FRANCIS A.
2.3 STREET ADDRESS 2014 HAMILTON CROSSING DR.
2.4 CITY-ST-ZIP CANTONMENT FL 32533

3.1 TITLE WAD
3.2 NAME WILLIAM A. ROSS
3.3 STREET ADDRESS 5605 INNERARITY CIRCLE
3.4 CITY-ST-ZIP PENSACOLA FL 32507

4.1 TITLE D
4.2 NAME FRANK CUTRONE
4.3 STREET ADDRESS 8509 PUNTA LORA
4.4 CITY-ST-ZIP PENSACOLA FL 32514

5.1 TITLE D
5.2 NAME ELIZABETH BARBER
5.3 STREET ADDRESS P.O. BOX 6453
5.4 CITY-ST-ZIP PENSACOLA FL 32503

6.1 TITLE D
6.2 NAME BANSE, NOELLE
6.3 STREET ADDRESS 17119 PERDIDI KEY DR. #A21
6.4 CITY-ST-ZIP PENSACOLA FL 32507

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F. A. MONTENES 2/17/99 (850) 968-4060

CR2E037 (11/98)