


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90250 040 ****61.25

DOCUMENT # N97000005256					
1. Entity Name ESCAMBIA COUNTY CITIZENS' COALITION, INC.					
Principal Place of Business 2014 HAMILTON CROSSING ROAD CANTONMENT, FL 32533			Mailing Address P.O. 25 GONZALEZ, FL 32560		
2. Principal Place of Business 1301 EAST NINE MILE RD.		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc. NO CHANGE			
City & State PENSACOLA FLORIDA		City & State		4. FEI Number 59-3475682	
Zip 32514		Country ESCAMBIA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THERIAQUE, DAVID A 909 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE SD NAME MONTENES, ANN STREET ADDRESS 2014 HAMILTON CROSSING ROAD CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete				
TITLE D NAME RAMOS, TAMELA STREET ADDRESS 2813 LANGLEY AVE CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete				
TITLE D NAME ENGLE, DAVE STREET ADDRESS 5174 PALE MOON DR CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete				
TITLE D NAME WEST, MIKE STREET ADDRESS 8175 SIX PENCE DRIVE CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete				
TITLE CPD NAME MONTENES, FRANCIS STREET ADDRESS 2014 HAMILTON CROSSING DRIVE CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME HOOPER, JEANNE STREET ADDRESS 1005 BRANDERMILL DRIVE CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE SD NAME LORI MICHELFELDER STREET ADDRESS 2078 CAMBRIDGE CIRCLE CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE VD NAME FRANKIE VAN HORN STREET ADDRESS 901 WILLIAMS DITCH RD. CITY-ST-ZIP CANTONMENT, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE VD NAME TOM GARNER STREET ADDRESS 2006 WEST GARDEN ST CITY-ST-ZIP PENSACOLA, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE PD NAME GREGORY L. STRAND STREET ADDRESS 1301 EAST NINE MILE RD. CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE TD NAME CHRISTINE FADE STREET ADDRESS 2374 TUTTLE LN CITY-ST-ZIP CANTONMENT, FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. 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 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: <u>Gregory L. Strand</u> GREGORY L. STRAND, PRESIDENT 4/8/04 (850) 471-6225					