


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 010 ****61.25

DOCUMENT # N97000005256 1. Entity Name ESCAMBIA COUNTY CITIZENS' COALITION, INC.	
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Principal Place of Business 1301 E NINE MILE RD PENSACOLA, FL 32514	Mailing Address P.O. 25 GONZALEZ, FL 32560
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DO NOT WRITE IN THIS SPACE

2007-05-16



05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3475682	Applied For Not Applicable
5. Certificate of Status Desired <input 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

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHELFELDER, LORI 2078 CAMBRIDGE CIRCLE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN HORN, FRANKIE 901 WILLIAMS DITCH RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEESLER, BRANDY BYRON H. 516 W BLOUNT ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAND, GREGORY L 1301 EAST NINE MILE RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEESLER, JUNE 516 W BLOUNT ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Gregory L. Strand 5-1-07 850-477-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #