

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90192 043 ****61.25

DOCUMENT # N97000005256

1. Entity Name

ESCAMBIA COUNTY CITIZENS' COALITION, INC.



Principal Place of Business

**702 MALDONADO DRIVE
PENSACOLA BEACH FL 32561**

Mailing Address

**P.O. 25
GONZALEZ FL 32560
GONZALEZ**

2. Principal Place of Business

2014 HAMILTON

3. Mailing Address

POST OFFICE BOX 25

Suite, Apt. #, etc. **CROSSING ROAD**

Suite, Apt. #, etc.

City & State

CANTONMENT FL

City & State

GONZALEZ FL

4. FEI Number **59-3475682**

Applied For

Not Applicable

Zip
32533

Country
USA

Zip
32560

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THERIAQUE, DAVID A
909 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **CLARK, VIRGINIA**
STREET ADDRESS **4514 BAYBROOK DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **CPD** ☒ Change ☐ Addition
NAME **MONTENES, FRANCIS**
STREET ADDRESS **2014 HAMILTON CROSSING DR.**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **D** ☒ Delete
NAME **BANSER, ROBERT**
STREET ADDRESS **17119 PERDIDO KEY DR. #A21**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **SD** ☐ Change ☒ Addition
NAME **MONTENES, ANN**
STREET ADDRESS **2014 HAMILTON CROSSING ROAD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **THOMPSON, BETTY**
STREET ADDRESS **702 MALDONADO DRIVE**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **D** ☐ Change ☒ Addition
NAME **RAMOS, TAMELA**
STREET ADDRESS **2813 HANGLEY AVE.**
CITY-ST-ZIP **PENSACOLA, FL**

TITLE **D** ☒ Delete
NAME **MONTENES, FRANCIS**
STREET ADDRESS **2014 HAMILTON CROSSING DRIVE**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **D** ☐ Change ☒ Addition
NAME **ENGLE, DAVE**
STREET ADDRESS **5174 PALE MOON DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE **TD** ☐ Delete
NAME **HOOPER, JEANNE**
STREET ADDRESS **1005 BRANDERMILL DRIVE**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **D** ☐ Change ☒ Addition
NAME **WEST, MIKE**
STREET ADDRESS **8175 SIX PENCE DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32514**

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:

SIGNATURE REQUIRED

03 FEB 04

(850) 968-9717

CR2E037 (10/02)