

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90007 041 ****61.25

DOCUMENT # N97000006518

1. Entity Name

THE TRAVELERS OF PENSACOLA, INCORPORATED



Principal Place of Business

940 RUSTIC LN
PENSACOLA FL 32506
US

Mailing Address

940 RUSTIC LN
PENSACOLA FL 32506
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3488813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNAL, BENITO
940 RUSTIC LN
PENSACOLA FL 32506

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

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
Due By May 1, 2004

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

TITLE P
NAME ALHAMBRA, LUDOVICO ☐ Delete
STREET ADDRESS 8094 CONRAD STREET
CITY-ST-ZIP PENSACOLA FL 32507

TITLE V
NAME BERNAL, BENTINO ☐ Delete
STREET ADDRESS 940 RUSTIC RD.
CITY-ST-ZIP PENSACOLA FL 32506

TITLE T
NAME COSTA, MAURICE ☐ Delete
STREET ADDRESS 1964 DUNLAP STREET-
CITY-ST-ZIP PENSACOLA FL 32507

TITLE S
NAME CHASTAIN, MICHAEL ☒ Delete
STREET ADDRESS 42 FAISON STREET
CITY-ST-ZIP PENSACOLA FL 32503

TITLE T
NAME RUIZ, JESS ☐ Delete
STREET ADDRESS 6510 ANTIETAM DRIVE
CITY-ST-ZIP PENSACOLA FL 32503

TITLE T
NAME QUINTO, BEN ☐ Delete
STREET ADDRESS 553 LONG LAKE DRIVE
CITY-ST-ZIP PENSACOLA FL 32506

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE S ☒ Change ☐ Addition
NAME MONNIE DIMALANTA
STREET ADDRESS 5311 POTOMI CT
CITY-ST-ZIP PENSACOLA FL 32504

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

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

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: LUDOVICO B. ALHAMBRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2004 (850) 458-0719

Date

Daytime Phone #