

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 704427
 1. Entity Name
PENSACOLA NAVY FLYING CLUB INC



Principal Place of Business
**4545 JERRY MARYGARDEN BLVD.
 PENSACOLA, FL 32504 US**

Mailing Address
**PENSACOLA NAVY FLYERS CLUB
 P O BOX 15519
 PENSACOLA, FL 32514 US**



01212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-6502393

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JOYNER, RON
 8280 MOBILE HWY
 PENSACOLA, FL 32526**

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALIN, GARY 2566 SYLTE LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOYNER, RON 8280 MOBILE HWY PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REYES, STEPHEN 5403 STAFFORD CIRCLE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMLN, PAUL 3964 PARADISE BAY DR. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000401422
 02/02/06-80044-004 61.25

DO NOT WRITE IN THIS SPACE

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 prior like empowerments.

SIGNATURE: _____ **850 698-7470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State Phone #