

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770863

FILED
Aug 15, 2009
Secretary of State

Entity Name: THE MOORINGS OF PERDIDO KEY II, INC.

Current Principal Place of Business:

C/O JOHN WELCH
1017 NORTH 12TH AVENUE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

GWEN MANISCALCO
4608 ALEXANDER DRIVE
METAIRIE, LA 70003

New Mailing Address:

FEI Number: 58-1777098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WELCH, JOHN P REG. AG
1017 NORTH 12TH AVENUE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANISCALCO, GWEN
Address: 4608 ALEXANDER DR
City-St-Zip: METAIRIE, LA 70003

Title: VD () Delete
Name: BRUCE, DAVID
Address: 4000 NORTH LABARRE ROAD
City-St-Zip: METAIRIE, LA 70002

Title: STD () Delete
Name: PEASE, HERB
Address: 4717 FLETCHER DR
City-St-Zip: FORT WORTH, TX

Title: D () Delete
Name: GORDON, JOHN
Address: 4516 SHERIDAN AVE
City-St-Zip: METAIRIE, LA 70002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: PEASE, HERB
Address: 4717 FLETCHER DR
City-St-Zip: FORT WORTH, TX 76107

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN MANISCALCO

PD

08/15/2009

Electronic Signature of Signing Officer or Director

_____ Date