

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770863

**FILED**  
**Apr 19, 2011**  
**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 ( )**

**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  
Name: MANISCALCO, GWEN H MRS  
Address: 4608 ALEXANDER DR  
City-St-Zip: METAIRIE, LA 70003

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

Title: STD  
Name: PEASE, HERB  
Address: 4717 FLETCHER DR  
City-St-Zip: FORT WORTH, TX 76107

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

I hereby 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 all other like empowered.

SIGNATURE: GWEN MANISCALCO

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date