


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 015 ***150.00

DOCUMENT # H27504
 1. Entity Name
PENSACOLA POB INCORPORATED



94048086

Principal Place of Business Mailing Address
BAPTIST MEDICAL TOWERS **1717 NORTH E STREET**
SUITE 320 **SUITE 320, ATTN. J. KEHOE**
PENSACOLA, FL 32501 US **PENSACOLA, FL 32501 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

03162004 · Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
59-2462399 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PORTER, JOHN
1717 N. "E" ST., STE 302
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent
 Name
Porter, John
 Street Address (P.O. Box Number is Not Acceptable)
1717 N. "E" St., Ste. 320
 City State Zip Code
Pensacola **FL** **32501**

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: *Debra A. Yaden* DATE: *3-22-04*

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	PORTER, JOHN	
STREET ADDRESS	1717 N. "E" ST., STE. 320	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	AS	<input type="checkbox"/> Delete
NAME	YADEN, DEBRA	
STREET ADDRESS	1717 N. "E" ST., STE. 320	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCGEE, ELEANOR	
STREET ADDRESS	1717 N-"E" ST.; STE. 321	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barrett, Bill	
STREET ADDRESS	1717 N. "E" St., Ste. 320	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Debra A. Yaden* Debra A. Yaden, Asst. Secretary 3/22/04 850/469-2339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #