2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010703

1. Entity Name
ACCESSESCAMBIA, INC.

Principal Place of Business	Mailing Address
1717 N "E" ST STE 320 PENSACOLA, FL 32501	1717 N "E" ST STE. 320, ATTN. J. KEHOE PENSACOLA, FL 32501 US

DO NOT WRITE IN THIS SPACE

04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0996665
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, RONALD E
900 N 12 AVE
PENSACOLA, FL 32501

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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

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	D
NAME	JACKSON, RONALD E
STREET ADDRESS	900 N 12 AVE
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	MAYGARDEN, JERRY L
STREET ADDRESS	1717 N "E" ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	AST
NAME	SJOBERG, DAVID
STREET ADDRESS	1717 N E ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	STD
NAME	RITCHIE, BUZZ
STREET ADDRESS	40 N PALAFOX ST
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	TAIT, TOMMY
STREET ADDRESS	101 W GARDEN ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	C
NAME	VICKERY, JIM
STREET ADDRESS	177 NE ST STE 320
CITY-ST-ZIP	PENSACOLA, FL 32501

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04/25/06-80042-002 61.25

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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 an attachment with an address, with all other like empowered.

SIGNATURE: [signature] David Sjoberg Asst. Sec/Treas. 4/5/06 850/469-2338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #