

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09894

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.

## Current Principal Place of Business:

418 W GARDEN ST  
ROOM 210  
PENSACOLA, FL 32502 US

## New Principal Place of Business:

216 S. TARRAGONA STREET  
SUITE B  
PENSACOLA, FL 32502 US

## Current Mailing Address:

418 W GARDEN ST  
ROOM 210  
PENSACOLA, FL 32502 US

## New Mailing Address:

216 S. TARRAGONA STREET  
SUITE B  
PENSACOLA, FL 32502 US

FEI Number: 59-2722183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOUBEK, MICHAEL A  
418 W GARDEN ST  
ROOM 210  
PENSACOLA, FL 32502 US

## Name and Address of New Registered Agent:

DOUBEK, MICHAEL A  
216 S. TARRAGONA STREET  
SUITE B  
PENSACOLA, FL 32502 US

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:

02/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: FARRAR, GREGORY  
Address: 109 N PALAFOX ST, SUITE 1  
City-St-Zip: PENSACOLA, FL 32502

Title: STD ( ) Delete  
Name: EMMANUEL, ROBERT  
Address: 30 S SPRING ST  
City-St-Zip: PENSACOLA, FL 32502

Title: P ( ) Delete  
Name: ECHSNER, STEPHEN  
Address: 316 S BAYLEN ST  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: SPAIN, ADRIANNA M  
Address: 307 S. PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: LINDSAY, ALLEN W  
Address: 5218 WILLING STREET  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: STOPP, MARGARET  
Address: 220 W GARDEN STREET 9TH FLOOR  
City-St-Zip: PENSACOLA, FL 32502

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MICHAEL A. DOUBEK

RA

02/25/2009

Electronic Signature of Signing Officer or Director

Date