

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730623

**Entity Name:** PENSACOLA SKI & TRAVEL CLUB, INC.**Current Principal Place of Business:**1914 LODGEPOLE DR  
MILTON, FL 32583**Current Mailing Address:**P. O. BOX 12692  
PENSACOLA, FL 32591 US**FEI Number:** 59-1911535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERRINGTON, SUSAN HALES  
267 SEAMARGE LANE  
PENSACOLA, FL 32507 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:** SUSAN HERRINGTON

03/09/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | PRESIDENT               |
| Name            | HERRINGTON, SUSAN HALES |
| Address         | P. O. BOX 12692         |
| City-State-Zip: | PENSACOLA FL 32591      |

|                 |                    |
|-----------------|--------------------|
| Title           | SECRETARY          |
| Name            | MCGUIRE, SANDRA    |
| Address         | P. O. BOX 12692    |
| City-State-Zip: | PENSACOLA FL 32591 |

|                 |                    |
|-----------------|--------------------|
| Title           | VP                 |
| Name            | GREENE, LYNN       |
| Address         | P. O. BOX 12692    |
| City-State-Zip: | PENSACOLA FL 32591 |

|                 |                    |
|-----------------|--------------------|
| Title           | TREASURER          |
| Name            | MILLER, FITZHUGH   |
| Address         | PO BOX 12692       |
| City-State-Zip: | PENSACOLA FL 32591 |

*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:** FITZHUGH L MILLER**TREASURER**

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date