

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008206

**Entity Name:** PENSACOLA BIZNET, INC.

**Current Principal Place of Business:**

913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561

**Current Mailing Address:**

913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32561 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name ALBERTINI, MARY  
Address 31 E. FAIRFIELD DRIVE  
City-State-Zip: PENSACOLA FL 32501

Title S  
Name BOKANYI, DAVID  
Address 4471 LAMIRAGE  
City-State-Zip: PENSACOLA FL 32504

Title S  
Name MADDUX, JULIE  
Address 913 GULF BREEZE PKWY  
SUITE 5  
City-State-Zip: GULF BREEZE FL 32561

Title T  
Name POWERS, CHRISTINA M  
Address 913 GULF BREEZE PKWY  
SUITE 5  
City-State-Zip: GULF BREEZE FL 32561

Title P  
Name RANSELL, KARIN  
Address 913 GULF BREEZE PKWY  
SUITE 5  
City-State-Zip: GULF BREEZE FL 32561

*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:** KARIN RANSELL

P

04/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date