

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008206

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**8357246078CC**

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

**Current Principal Place of Business:**

1805 CREIGHTON RD STE 5  
PMB 212  
PENSACOLA, FL 32504

**Current Mailing Address:**

1805 CREIGHTON RD STE 5  
PMB 212  
PENSACOLA, FL 32504 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CHRISTINA POWERS TAX  
1805 CREIGHTON RD STE 5  
PMB 212  
PENSACOLA, FL 32504 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:** CHRISTINA POWERS

05/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THOMPSON, ROBERT  
Address        1805 CREIGHTON RD STE 5  
                  PMB 212  
City-State-Zip: PENSACOLA FL 32504

Title            T  
Name            POWERS, CHRISTINA M  
Address        1805 CREIGHTON RD STE 5  
                  PMB 212  
City-State-Zip: PENSACOLA FL 32504

Title            OFFICER  
Name            DICKENS, MICHAEL  
Address        1805 CREIGHTON RD STE 5  
                  PMB 212  
City-State-Zip: PENSACOLA FL 32504

Title            S  
Name            ROLLAND, JUDITH  
Address        1805 CREIGHTON RD STE 5  
                  PMB 212  
City-State-Zip: PENSACOLA FL 32504

Title            OFFICER  
Name            TAIT, BETSY  
Address        1805 CREIGHTON RD STE 5  
                  PMB 212  
City-State-Zip: PENSACOLA FL 32504

Title            VP  
Name            DYE, SEPTEMBER  
Address        1805 CREIGHTON ROAD STE 5  
                  PMB212  
City-State-Zip: PENSACOLA FL 32504

*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:** CHRISTINA MARRIE POWERS

**TREASURER**

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date