

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 105425

FILED
Apr 08, 2009
Secretary of State

Entity Name: PENSACOLA COUNTRY CLUB, INC.

Current Principal Place of Business:

1500 BAYSHORE DR.
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1500 BAYSHORE DR.
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-0443311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, JOHN
P. O. BOX 986
PENSACOLA, FL 32595 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARR, JOHN
Address: P. O. BOX 986
City-St-Zip: PENSACOLA, FL 32595

Title: VP () Delete
Name: NICKELSEN, ERIC
Address: 17 EST CEDA STREET, STE 3
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: BOYLES, KARL
Address: 11 LAKESIDE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: DICKSON, BARRY
Address: 900 N. 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: GUND, TED
Address: 931 FAIRWAY DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: FAIR, ROBERT
Address: P. O. BOX 12966
City-St-Zip: PENSACOLA, FL 32501

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: D (X) Change () Addition
Name: MITCHELL, SCOTT
Address: 1008 HARBOURVIEW CIRCLEE
City-St-Zip: PENSACOLA, FL 32507

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CARR

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date