


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 025 ****61.25

| | | | | | |
|--|--|---|---|---|---|
| DOCUMENT # 700937 1. Entity Name FIESTA OF THE FIVE FLAGS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2121 WEST INTENDENCIA STREET P.O. BOX 1943 PENSACOLA, FL 32591 US | | | Mailing Address 2121 WEST INTENDENCIA STREET P.O. BOX 1943 PENSACOLA, FL 32591 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| | | 05282007 Chg-NP | | CR2E037 (12/06) | |
| 4. FEI Number 59-0607987 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LAIRD, CATHERINE U. 2121 W. INTENDENCIA STREET PENSACOLA, FL 32501 | | | Name HAL MAJOR Street Address (P.O. Box Number is Not Acceptable) 2467 N MAGNOLIA AVE City PENSACOLA FL Zip Code 32503 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Hal Major</i></u> HAL MAJOR <u>5-28-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GREEN, JON MR. 2331 E LAKEVIEW AVE PENSACOLA, FL 32503 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TEA GUNA 900 N 12th AVE PENSACOLA, FL 32503 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACOBI, DAVID MR PO BOX 12646 PENSACOLA, FL 32501 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ADELENE LOVELACE 601 S PALAFOX ST PENSACOLA, FL 32501 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MOULTON, JIM MR. P O BOX 12524 PENSACOLA, FL 32573 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JEWETTE GERI 1250 PALIAGES CIR PENSACOLA, FL 32504 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | m RENFROE, JAKE 4185 BAISDEN ROAD PENSACOLA, FL 32503 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. HAL MAJOR 2467 N MAGNOLIA AVE PENSACOLA, FL 32503 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAIRD, CATHERINE U. 9 HYDE PARK ROAD PENSACOLA, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHERRILL, CHARLIE MR. 2482 TRONJO PLACE PENSACOLA, FL 32503 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Hal Major</i></u> HAL MAJOR | | | <u>5-28-07</u> 850-433-6512 <small>Date Daytime Phone #</small> | | |