



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90032 042 \*\*\*\*61.25

<b>DOCUMENT # 702847</b> 1. Entity Name <b>PENSACOLA STEAMSHIP ASSOCIATION, INC.</b>					
Principal Place of Business <b>5323 W HWY 98</b> <b>PANAMA CITY, FL 32401 US</b>			Mailing Address <b>PO BOX 12921</b> <b>PENSACOLA, FL 32591 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02182004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-1945251</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>RIVAIS, RUBY B.</b> <b>710 E TEN MILE ROAD</b> <b>PENSACOLA, FL 32514</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, DOUG 211 N CONCEPTION STREET MOBILE, AL 00000, <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BOBBY 208 ALABAMA STATE DOCS ADMIN BLDG MOBILE, AL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTINGLY, NED 211 N CONCEPTION ST MOBILE, AL 36601 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, PAT 5323 W. HWY 98 PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert P. Downey, Jr. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARNLEY, JAMES 208 ALA. STATE DOCS ADMIN BLDG MOBILE, AL 36601 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <b>3/22/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					