

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90048 040 ****61.25

DOCUMENT # 704427

1. Entity Name
PENSACOLA NAVY FLYING CLUB INC



Principal Place of Business
**4545 JERRY MARYGARDEN BLVD.
PENSACOLA, FL 32504 US**

Mailing Address
**PENSACOLA NAVY FLYING CLUB
P O BOX 15519
PENSACOLA, FL 32514 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
73-6502393

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOYNER, RON~~
**8260 MOBILE HWY
PENSACOLA, FL 32526**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

RONALD D. JOYNER

4/18/08

Signature, typed or printed name, registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **DP** ☐ Delete
NAME **MALIN, GARY**
STREET ADDRESS **2566 SYLTE LANE**
CITY-STATE-ZIP **GULF BREEZE, FL 32563**

TITLE **DP** ☒ Change ☐ Addition
NAME **CASSOUTT, JAMES**
STREET ADDRESS **24091 COUNTY ROAD 83**
CITY-STATE-ZIP **ROBERTSDALE, AL 36567**

TITLE **DT** ☐ Delete
NAME **JOYNER, RON**
STREET ADDRESS **8260 MOBILE HWY**
CITY-STATE-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DS** ☐ Delete
NAME **JENISTA, JOHN**
STREET ADDRESS **2030 HESPERIA WAY**
CITY-STATE-ZIP **PENSACOLA, FL 32505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DV** ☐ Delete
NAME **HAMLIN, PAUL**
STREET ADDRESS **3964 PARADISE BAY DR.**
CITY-STATE-ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D. JOYNER 4/18/08

Date

850-944-4261

Daytime Phone #