

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704427

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PENSACOLA NAVY FLYING CLUB INC

**Current Principal Place of Business:**

4545 JERRY MARYGARDEN BLVD.  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 73-6502393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOYNER, RON  
8260 MOBILE HWY  
PENSACOLA, FL 32526 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

**OFFICERS AND DIRECTORS:**

Title: DP (X) Delete  
Name: MALIN, GARY  
Address: 2566 SYLTE LANE  
City-St-Zip: GULF BREEZE, FL 32563

Title: DT ( ) Delete  
Name: JOYNER, RON  
Address: 8260 MOBILE HWY  
City-St-Zip: PENSACOLA, FL 32526

Title: DS ( ) Delete  
Name: JENISTA, JOHN  
Address: 2030 HESPERIA WAY  
City-St-Zip: PENSACOLA, FL 32505

Title: DV ( ) Delete  
Name: HAMLIN, PAUL  
Address: 3964 PARAOISE BAY DR.  
City-St-Zip: GULF BREEZE, FL 32563

Title: DP ( ) Delete  
Name: CASSOUTT, JAMES  
Address: 24091 COUNTY ROAD 83  
City-St-Zip: ROBERTSDALE, AL 36567

**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:

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

SIGNATURE: RON JOYNER

DT

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date