


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90059 005 \*\*\*\*61.25

<b>DOCUMENT # 715411</b> 1. Entity Name <b>ESCAMBIA EDUCATION ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>6551 PALAFOX HWY. PENSACOLA, FL 32503</b>			Mailing Address <b>6551 PALAFOX HWY. PENSACOLA, FL 32503</b>		
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	4. FEI Number <b>59-1024149</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAWRENCE, ELLEN 6551 N PALAFOX HWY PENSACOLA, FL 32503</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: <u><i>Ellen Lawrence</i></u> <b>Ellen Lawrence, Service Unit Director, 1/28/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TATE, MARION</b>		NAME		
STREET ADDRESS	<b>PO BOX 9496</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32513</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUSBANDS, GAIL</b>		NAME		
STREET ADDRESS	<b>1055 FARMINGTON PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PENNEWELL, JANET</b>		NAME		
STREET ADDRESS	<b>2553 ROSEDOWN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CANTONMENT, FL 32533</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAMAR, ORDEANE</b>		NAME		
STREET ADDRESS	<b>8207 LYRIC DRR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32514</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TODD, REGINALD</b>		NAME	<b>Director</b>	
STREET ADDRESS	<b>1602 GOVERNOR'S DR #2623</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32514</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, BRENDA</b>		NAME		
STREET ADDRESS	<b>13 WASHINGTON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>		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.					
<b>SIGNATURE:</b> <u><i>Gail Husbands</i></u> <b>Gail Husbands, President, 1/28/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/28/08</b> Daytime Phone #: <b>850-476-2906</b>		