

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715411

FILED
Apr 16, 2009
Secretary of State

Entity Name: ESCAMBIA EDUCATION ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6551 PALAFOX HWY.
PENSACOLA, FL 32503

New Principal Place of Business:

6551 N PALAFOX HWY.
PENSACOLA, FL 32503

Current Mailing Address:

6551 PALAFOX HWY.
PENSACOLA, FL 32503

New Mailing Address:

6551 N PALAFOX HWY.
PENSACOLA, FL 32503

FEI Number: 59-1024149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, ELLEN
6551 N PALAFOX HWY
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

VINCENT, BILL
6551 N PALAFOX HWY
PENSACOLA, FL 32503 US

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: BILL VINCENT

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TATE, MARION
Address: PO BOX 9496
City-St-Zip: PENSACOLA, FL 32513

Title: P () Delete
Name: HUSBANDS, GAIL
Address: 1055 FARMINGTON PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: PENNEWELL, JANET
Address: 2553 ROSEDOWN DR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: LAMAR, ORDEANE
Address: 8207 LYRIC DR
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: TODD, REGINALD
Address: 1602 GOVERNOR'S DR #2623
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: WILLIAMS, BRENDA
Address: 13 WASHINGTON ST
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOROUGH, DEBBY
Address: 1230 HAROLD AVE
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Change () Addition
Name: LAMAR, ORDEANE
Address: 8207 LYRIC DR
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Change () Addition
Name: BREAKALL, KATHY
Address: 5666 DOVE DR
City-St-Zip: PACE, FL 32571

Title: S (X) Change () Addition
Name: CROW, ELLEN
Address: 9571 PINE CONE DR
City-St-Zip: CANTONMENT, FL 32533

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: GAIL HUSBANDS

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date