## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#720480**

FILED Jan 31, 2008 Secretary of State

Entity Name: ESCAMBIA-SANTA ROSA BAR ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 418 W GARDEN ST RM 210 PENSACOLA, FL 32502 US **New Mailing Address: Current Mailing Address:** 418 W GARDEN ST RM 210 PENSACOLA, FL 32502 US FEI Number: 59-2176221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOUBEK, MICHAEL A 418 W. GARDEN RM 210 PENSACOLA, FL 32502 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LEPP, LOIS B LEPP, LOIS B Name: Name: 1127 N. PALAFOX STREET Address: 1127 N. PALAFOX STREET Address: City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: PENSACOLA, FL 32501 US Title: () Delete Title: (X) Change ( ) Addition ALLEN, LINDSAY W Name: ALLEN, LINDSAY W Name: Address: **5218 WILLING STREET** Address: **5218 WILLING STREET** City-St-Zip: MILTON, FL 32570 US City-St-Zip: MILTON, FL 32570 US Title: () Delete Title: (X) Change ( ) Addition BERNAU, LISA N BERNAU, LISA N Name: Name: Address: P.O. BOX 333 Address: P.O. BOX 333 City-St-Zip: PENSACOLA, FL 32591 US City-St-Zip: PENSACOLA, FL 32591 US Title: Title: D (X) Change ( ) Addition ( ) Delete STAFFORD, WILLIAM H Name: Name: JENNIFER, BYROM Address: 125 W. ROMANA STREET, STE. 800 Address: 5177 ELMIRA STREET City-St-Zip: PENSACOLA, FL 32502 US City-St-Zip: MILTON, FL 32570 US Title: () Delete Title: (X) Change ( ) Addition SPAIN, ADRIANNA M SPAIN, ADRIANNA M Name: Name: 307 S. PALAFOX STREET 307 S. PALAFOX STREET Address: Address: City-St-Zip: PENSACOLA, FL 32502 US City-St-Zip: PENSACOLA, FL 32502 US Title: () Delete Title: () Change () Addition PREVATTE, VALERIE E Name: Name: Address: 504 N. BAYLEN STREET Address:

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.

City-St-Zip:

SIGNATURE: MICHAEL A. DOUBEK ED 01/31/2008

PENSACOLA, FL 32501 US

City-St-Zip: