

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720480

FILED
Feb 23, 2010
Secretary of State

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

Current Principal Place of Business:

216 S. TARRAGONA STREET
SUITE B
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

216 S. TARRAGONA STREET
SUITE B
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 59-2176221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUBEK, MICHAEL A
216 S. TARRAGONA STREET
SUITE B
PENSACOLA, FL 32502 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: D
Name: BROOKS, KENNETH L
Address: 6867 OAK STREET
City-St-Zip: MILTON, FL 32570 US

Title: D
Name: STEPHANIE, ALEXANDER D
Address: 315 S. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502 US

Title: D
Name: BERNAU, LISA N
Address: P.O. BOX 333
City-St-Zip: PENSACOLA, FL 32591 US

Title: D
Name: JEREMY, BRANNING C
Address: 125 W. ROMANA STREET, STE. 800
City-St-Zip: PENSACOLA, FL 32502 US

Title: VP
Name: THIEMAN-GREENE, SHARI
Address: 2721 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32563 US

Title: P
Name: PREVATTE, VALERIE E
Address: 504 N. BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL A. DOUBEK

RA

02/23/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date