2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90096 019 ****61.25

DOCUMENT # 730623 1. Entity Name PENSACOLA SKI CLUB, INC.									01-25	-2007	<i>3</i> 00 <i>3</i> 0	017	01.2	23
421 NORTH PALAFOX ST.				Mailing Address PO BOX 12692 PENSACOLA, FL 32591				60009358						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01252007	Chg-Ni	P	CR2E	37 (12/0			
City & State			City & State					4. FEI Number Applied For 59-1911535 Not Applicable						
Zip	Zip Country		Zip	Zip Cou		ıntry	5. Certificate of Status Desired 6. Cer						onal	
	6. Name and	d Address of Curren	t Registere	d Agent		Nama		7. Name and	Address	of New R	egistered	Agent		
MERTING, JOHN					Name									
421 NORTH PALAFOX ST. PENSACOLA, FL 32501					Street Address (P.O. Box Number is Not Acceptable)									
						City					F	Zip (Code	
		ibmits this statement	for the purpo	ose of changing its	register	ed office o	register	ed agent, or bo	th, in the S	tate of Flo	orida. Lan	n familiar w	ith, and	d accept
SIGNATURE	tions of registered													
	Signature, typed or pr	rinted name of registered age	nt and litle if appl	icable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)			DATE			
	Filing Fee is	s \$61.25	nt and litle if eppl	9. Election Car Trust Fund (npaign F	inancing	ure required	\$5.00 May E Added to Fees			lake che	ck payabl		9
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I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #