## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: -

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 24, 2008 8:00 am Secretary of State

DOCUMENT # 730623  1. Entity Name PENSACOLA SKI CLUB, INC.					01-24-2008 90	0029 012 ****6	1.25	
Principal Place of Business 421 NORTH PALAFOX ST. PENSACOLA, FL 32501		Mailing Address PO BOX 12692 PENSACOLA, FL 32591		1188111888 11111	6/fd 1///1 // 111 1/04	) ALBIJ AZBIT BIBIT BIBIK BIBIK	<b>ig: 8</b> 1 <b>486</b> 1	
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192008 Ch	g-NP C	R2E037 (12/06)		
City & State		City & State		4. FEI Number 59-191153	5	Not	olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Addi		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
MERTING, JOHN 421 NORTH PALAFOX ST. PENSACOLA, EL 32501			Street Ad	aress (P.O. Box Number is N	lot Acceptable)			
PENSACOLA, FL 32501								
ļ			City			FL Zip Code	,	
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								
Filling Fee Is \$61.25  9. Election Campaign Financing \$5.00 May Be Make check payable to								
Due by May 1, 2008 Trust Fund Contri			Contribution.	Added to Fees	Florida	Department of Sta	ate	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGE	S TO OFFICERS A			
TITLE	VP MADDOX, AL	☐ Delete	TITLE NAME	1		Change Change	☐ Addition	
STREET ADDRESS 705 ROCKLAND ST			STREET ADDRESS				į	
CITY-ST-ZIP	CANTONEMENT, FL 32533		CITY-ST-ZIP	·/ o		☐ Change	Addition	
TITLE NAME	P HOLLIDAY, BRUCE	Delete	TITLE NAME	MELLAN SEAN	A	Change	Addition	
STREET ADDRESS	RESS 8 MARNISTA CIRCLE			1035 MELTINDA CARCUE				
CITY-ST-ZIP	PENSACOLA, FL 32507			PENSACOLA,	<b>ドレ 3み</b>	<u> ५०५ </u>		
TITLE	S HEWGS, SUSAN	☐ Delete	TITLE NAME	DP NATUR' ZRZAG	3	Change	☐ Addition	
STREET ADDRESS	7700 LAKESIDE DR		STREET ADDRESS	4704 Bobe 5	r <del>i</del> b			
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIF	Pensacola FL	t-32503	3		
TITLE	T	☐ Delete	TITLE	· - <b>,</b>		Change	☐ Addition	
NAME STREET ADDRESS	BOMISH, ILONA J 316 SOUTH BAYVIEW ST SUIT	E 300	NAME STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP					
TITLE	P	Delete	TITLE	Salar Oak		☐ Change	Addition	
NAME STREET ADDRESS	BLUME, FRED   3595 BROOKSHORE DR	•	NAME STREET ADDRESS	mollere, Paul	adrive			
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Persarola E	33 504			
TITLE	VP	☐ Delete	TITLE		1 00.40	Change	☐ Addition	
NAME STREET ADDRESS	BOND, JAMES 9661 GRALLATORIAL CIR		NAME STREET ADDRESS	BOUND HATS				
CITY-ST-ZIP	PENSACOLA, FL 32507		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								
indicated of the co	d on this report or supplemental report progration or the receiver or trustee em d, or on an attachment with an address	is true and accurate and that r powered to execute this report	ny signature shall na as required by Cha		d that my name an		Block 11 if	