

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730623

FILED
Jan 22, 2009
Secretary of State

Entity Name: PENSACOLA SKI CLUB, INC.

Current Principal Place of Business:

421 NORTH PALAFOX ST.
PENSACOLA, FL 32501

New Principal Place of Business:

421 NORTH PALAFOX ST
PENSACOLA, FL 32501

Current Mailing Address:

PO BOX 12692
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 59-1911535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERTING, JOHN
421 NORTH PALAFOX ST.
PENSACOLA, FL 32501 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: P () Delete
Name: MADDUX, AL
Address: 705 ROCKLAND ST
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: ROSS, MELINDA
Address: 3620 FLINTWOOD CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: NAILE, SUSAN
Address: 1704 BOBE ST.
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: BOMISH, ILONA J
Address: 316 SOUTH BAYVIEW ST SUITE 300
City-St-Zip: PENSACOLA, FL 32502

Title: S () Delete
Name: MOLLENE, PAUL
Address: 4836 VIZCAYA DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: VP (X) Delete
Name: BOND, JANIS
Address: 9661 GRALLATORIAL CIR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MADDUX, AL
Address: 705 ROCKLAND ST
City-St-Zip: CANTONMENT, FL 32533

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

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

Title: T (X) Change () Addition
Name: BORISH, ILONA J
Address: 316 SOUTH BAYVIEW ST SUITE 300
City-St-Zip: PENSACOLA, FL 32502

Title: S (X) Change () Addition
Name: MOLLENE, PAUL
Address: 4836 VIZCAYA DRIVE
City-St-Zip: PENSACOLA, FL 32506

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

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: ALTON L MADDUX

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date