

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90001 013 \*\*\*\*61.25

<b>DOCUMENT # 732941</b> 1. Entity Name <b>PENSACOLA RUNNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 10613</b> <b>PENSACOLA, FL 32524 US</b>		Mailing Address <b>PO BOX 10613</b> <b>PENSACOLA, FL 32524 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO BOX 10613</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Pensacola, FL</b>			
Zip	Country	Zip <b>32524</b>	Country	4. FEI Number <b>51-0185583</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUNDE, GARY</b> <b>8237 LYRIC DRIVE</b> <b>PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>TD</b> NAME <b>PETERSON, COURTNEY</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>David Harris</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>268 DATURA ST</b> CITY-ST-ZIP <b>PENSACOLA, FL 32503</b>			STREET ADDRESS <b>1410 E Jackson St</b> CITY-ST-ZIP <b>Pensacola, FL 32501</b>		
TITLE <b>P</b> NAME <b>BUNDE, GARY</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>Lyon, Susi</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8237 LYRIC DR</b> CITY-ST-ZIP <b>PENSACOLA, FL 32514</b>			STREET ADDRESS <b>1410 E Jackson St</b> CITY-ST-ZIP <b>Pensacola, FL 32501</b>		
TITLE <b>VP</b> NAME <b>LYON, SUSI</b>	<input type="checkbox"/> Delete		TITLE <b>S</b> NAME <b>GHEED, CHARLES</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1410 E. JACKSON ST</b> CITY-ST-ZIP <b>PENSACOLA, FL 32501</b>			STREET ADDRESS <b>2020 UTIGA DR</b> CITY-ST-ZIP <b>PENSACOLA, FL 32503</b>		
TITLE <b>S</b> NAME <b>GHEED, CHARLES</b>	<input type="checkbox"/> Delete		TITLE <b>ATD</b> NAME <b>MCELWEE, BEVERLY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2020 UTIGA DR</b> CITY-ST-ZIP <b>PENSACOLA, FL 32503</b>			STREET ADDRESS <b>10390 MCARTHUR LANE</b> CITY-ST-ZIP <b>PENSACOLA, FL 32534</b>		
TITLE <b>ATD</b> NAME <b>MCELWEE, BEVERLY</b>	<input type="checkbox"/> Delete		TITLE <b>BM</b> NAME <b>BARILLAS, BRUCE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>10390 MCARTHUR LANE</b> CITY-ST-ZIP <b>PENSACOLA, FL 32534</b>			STREET ADDRESS <b>35 N. AVERY ST</b> CITY-ST-ZIP <b>PENSACOLA, FL 32501</b>		
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>Courtney Peterson, Treasurer</b> <b>8/8/2008</b> <b>(850) 470-0274</b> <small>Date Daytime Phone #</small>					

# ATTACHMENT

40113488

#732941

## Deletions:

1. Denice Hair, BM
2. Drake Shepherd, BM

## Additions:

1. Jehan Clark: 700 E Jackson Street, Pensacola, FL 32501
2. Laura Harris: 4639 Northpointe Circle, Pensacola, FL 32514
3. Ted Roy: 4065 Rommitch Lane, Pensacola, FL 32504
4. Michelle Thomas: 700 E Jackson Street, Pensacola, FL 32501