

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90240 019 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # 739464 | | | |
| 1. Entity Name PENSACOLA ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC. | | | |
| Principal Place of Business 1517 N. 9TH AVE PENSACOLA FL 32503 US | | Mailing Address P O BOX 886 PENSACOLA FL 32591 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent CROOKE, JIMMY 1517 N9TH AVE PENSACOLA FL 32503 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | IPD SEALMANN, WILLIAM G 1140 E 9 MILE RD PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Secretary, Director Kathleen Edwards 6704-A Plantation Rd Pensacola, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD KOBIELNIK, MICHELE 5514 N DAVIS, BLDG F, STE 120 PENSACOLA FL 32534 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PED JONES, EARL 2 E 9 MILE RD 2 PENSACOLA FL 32534 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VPD GODWIN, SUSAN 4893 W SPENCER FIELD RD MILTON FL 32571 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | President Elect, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD CROOKE, TIMOTHY D 123 CAROLYN WAY PENSACOLA FL 32505 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Tom Thompson Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Thompson 1140 E. 9 mile Rd Pensacola, FL 32514 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ED CROOKE, JIMMY 1517 N. 9TH AVE PENSACOLA FL 32503 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jimmy Crooke Jimmy Crooke 4/2/07 850-433-7108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40065682
#739464

Pensacola Association of Insurance and Financial Advisors, Inc.

Post Office Box 886

Pensacola, Florida 32591

Tel. (850) 433-7108 Fax (850) 433-7206

April 2, 2007

Additional Officers

Treasurer, Director

Hardy Eubanks III
6704-A Plantation Road
Pensacola, FL 32504

National Committee Person, Director

Ronnie Day
1140 E. 9 Mile Road
Pensacola, FL 32514

Additional Directors

Steve Fifer
1510 Airport Blvd
Pensacola, FL 32504

Daniel M. Klug
1015 Pearson Rd.
Milton, FL 32583

Emanuel J. Lovoy
4300 Bayou Blvd. #23
Pensacola, FL 32503

Jim Overton
324 S. Alcaniz St.
Pensacola, FL 32502

Kay Thompson
611 E. Burgess Rd.
Pensacola, FL 32504