2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743601

Current Principal Place of Business:

SIGNATURE: STEPHEN KING

Electronic Signature of Signing Officer or Director

FILED Apr 23, 2009 Secretary of State

New Principal Place of Business:

Entity Name: THE SAND DOLLAR ASSOCIATION OF PENSACOLA, INC.

336 FT. PICKENS RD. PENSACOLA BCH., FL 32561 US		336 FT. PICKENS RD. PENSACOLA BEACH, FL 32561 US		
Current Mailing Address:			New Mailing Address:	
P.O. BOX 371 GULF BREEZE, FL 32562				
FEI Number:	59-1949345	FEI Number Applied For () FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
ANDERSON, C. RONALD 528 W. GARDEN ST. STE 2 PENSACOLA, FL 32502 US				
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () PRINTY, DENNI 217 WINDERME PENSACOLA, F	ERE CIR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () BELONGER, AN 336 FT PICKEN PENSACOLA BO	RD W101	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ST () ANDERSON, RO 2302 N 9TH AVE PENSACOLA, F	:	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () KING, STEPHEN 336 FT PICKEN GULF BREEZE,	S RD E-105	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SIMMS, LINDA 336 FT PICKEN	Delete S RD W-206 EACH, FL 32561	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () HOWELL, JAME 1450 STEPHAN CANTONMENT,	IE CIR	Title: Name: Address: City-St-Zip:	()Change ()Addition
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 of 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.				

D

04/23/2009

Date