


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 751571</b><br>1. Entity Name<br><b>FRIENDS OF THE SAENGER, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>P.O. BOX 13666<br>PENSACOLA, FL 32591 US | Mailing Address<br>P. O. BOX 13666<br>PENSACOLA, FL 32591 US |
|---|--|

**DO NOT WRITE IN THIS SPACE**

02212007 No Chg-NP CR2E037 (4/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-2015462</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

**LEE, DOUG**  
**118 S. PALAFOX STREET**  
**PENSACOLA, FL 32501**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WEEKS, SHERRI<br>3039 KEATS DR<br>PENSACOLA, FL 32503                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GROSS, PATRICIA S<br>2706 BLACKSHEAR AVE<br>PENSACOLA, FL 32503       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DOLORES DE LA RUA HAYES<br>3131 LEESBURG SQUARE<br>PENSACOLA, FL 32504 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

1000000650008  
 03/07/07-80074-010 61.25

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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.

**SIGNATURE:** Patricia S. Gross **2-22-07** **850-433-1513**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #