

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752713

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** THE BEACH HOUSE OF PERDIDO KEY, INC.

**Current Principal Place of Business:**

16015 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4285  
PENSACOLA, FL 325071285

**New Mailing Address:**

**FEI Number:** 72-1108172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILBERT, CANDY  
6928 CORRYDALE DR  
PENSACOLA, FL 32506 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: D ( ) Delete  
Name: FREEMAN, KENNETH D  
Address: 3068 MURPHY DRIVE  
City-St-Zip: BATON ROUGE, LA 708091780 US

Title: PD ( ) Delete  
Name: MILLER, TERRY PD  
Address: 2031 CYPRESS LAKE DR  
City-St-Zip: BATON ROUGE, LA 708091780 US

Title: VD ( ) Delete  
Name: THARP, MARY VD  
Address: 4338 EMORY DRIVE  
City-St-Zip: BATON ROUGE, LA 70808 US

Title: T ( ) Delete  
Name: GILBERT, CANDY  
Address: 6928 CORRYDALE DR  
City-St-Zip: PENSACOLA, FL 32506 US

Title: SD ( ) Delete  
Name: LAMB, DEBORAH SD  
Address: 4338 EMORY AVE  
City-St-Zip: BATON ROUGE, LA 70808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FREEMAN, KATHLEEN P  
Address: 3925 BERKLEY HILL AVE  
City-St-Zip: BATON ROUGE, LA 708091780 US

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

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

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

Title: SD (X) Change ( ) Addition  
Name: LAMB, DEBORAH SD  
Address: 611 POLYTECH DRIVE  
City-St-Zip: BATON ROUGE, LA 70808

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: CANDY GILBERT

T

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date