

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90381 020 ****61.25

DOCUMENT # 754188

1. Entity Name
THE GREATER PENSACOLA AQUATIC CLUB, INC.



Principal Place of Business
1000 COLLEGE BLVD.
P.O. BOX 30318
PENSACOLA, FL 32503

Mailing Address
1000 COLLEGE BLVD.
P.O. BOX 30318
PENSACOLA, FL 32503

40074757



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2770638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIKE FARRELL
4255 ROMMITCH LANE
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name *Mike Funk*
Street Address (P.O. Box Number is Not Acceptable) *3497 Edinburgh Dr.*
City *PACE* FL Zip Code *32571*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOLCHAN, JOHN	
STREET ADDRESS	4230 ROMMITCH LANE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, MIKE	
STREET ADDRESS	4255 ROMMITCH LANE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEIMS, MATT	
STREET ADDRESS	3920 LEESWAY CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, MARGARET	
STREET ADDRESS	915 BROOKSIDE PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNK, MIKE	
STREET ADDRESS	3497 Edinburgh Dr.	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLCHAN, JOHN	
STREET ADDRESS	4230 Rommitch Lane	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKINNEY, REX	
STREET ADDRESS	4225 Rommitch Lane	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #