2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #760263

1. Entity Name

PENSACOLA SPECIAL STEPPERS, INC.

Principal Place of Business

BAYVIEW COMMUNITY CEN. 20TH & LLOYD STREETS PENSCOLA, FL 32503 US Mailing Address

C/O TERRY KELLEN P.O. BOX 11313 PENSACOLA, FL 32524-3252 FILED Jan 13, 2006 08:00 AM Secretary of State



2066 Daylime Phone #

DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2145881 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, FRANK G 412 MAYBERRY ST CANTONMENT, FL 32533

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Re-	gisterad Agent signature required when reinstating)	OATE	
	Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contribu		to the transfer of the second	
10,	OFFICERS AND DIRECTORS		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWN, MARIE 8 BESMA DRIVE PENSACOLA, FL			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	VD FAULKENBERRY, BARBARA 3492 MAI KAI DR PENSACOLA, FL 32506		000000386141 01/18/06-80048-002 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLIN, MARY 942 FAIRWAY DR. PENSACOLA, FL 32506	DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD CHERRY, FRANK G 412 MAYBERRY STREET CANTONMENT, FL 32533	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FTT KELLEN, TERRY 3945 HIDDEN OAK DRIVE PENSACOLA, FL 32504			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The course of th			
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.				

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