

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # 760263

1. Entity Name

PENSACOLA SPECIAL STEPPERS, INC.



Principal Place of Business

BAYVIEW COMMUNITY CEN.
20TH & LLOYD STREETS
PENSACOLA, FL 32503 US

Mailing Address

C/O TERRY KELLEN
P.O. BOX 11313
PENSACOLA, FL 32524-3252



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000791391
01/23/08-80074-003 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CROWN, MARIE
STREET ADDRESS 8 BESMA DRIVE
CITY-ST-ZIP PENSACOLA, FL

TITLE VD
NAME FAULKENBERRY, BARBARA
STREET ADDRESS 3492 MAI KAI DR
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE SD
NAME SMITH, KAREN
STREET ADDRESS 2341 SHOAL CREEK DR.
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE AD
NAME CHERRY, FRANK G
STREET ADDRESS 412 MAYBERRY STREET
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE FTT
NAME KELLEN, TERRY
STREET ADDRESS 3945 HIDDEN OAK DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

Terry Kellen 1-18-08 850-477-5946