

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764360

FILED
Apr 29, 2005
Secretary of State

Entity Name: GREATER PENSACOLA SEMINOLE CLUB, INC.

Current Principal Place of Business:

% JAMES MILLER
P.O. BOX 12581
PENSACOLA, FL 32573

New Principal Place of Business:

Current Mailing Address:

% JAMES MILLER
P.O. BOX 12581
PENSACOLA, FL 32573

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STANOVICH, MARTY
2020 BAYOU GRANDE BLVD
PENSACOLA, FL 32507 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: DVC () Delete
Name: STANOVICH, MARTY
Address: 2020 BAYOU GRANDE BLVD
City-St-Zip: PENSACOLA, FL 32507

Title: DT () Delete
Name: SCOTT, DONN
Address: 801 W. GARDEN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DV () Delete
Name: FINCH, RICK
Address: 5330 POTOSI CT
City-St-Zip: PENSACOLA, FL 32504

Title: DS () Delete
Name: POPE, MARK C
Address: 4640 SHANNON CIRCLE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: DAVIS, GREGORY
Address: 8800 UNIVERSITY PKWY, STE A-4
City-St-Zip: PENSACOLA, FL 32514

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY DAVIS

DT

04/29/2005

Electronic Signature of Signing Officer or Director

Date