


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90038 047 ****61.25

DOCUMENT # 765130 1. Entity Name PENSACOLA FIVE FLAGS ROTARY, INC.					
Principal Place of Business 304 W. CERVANTES ST PENSACOLA, FL 32501 US			Mailing Address P O BOX 17012 PENSACOLA, FL 32522 US		
2. Principal Place of Business - No P.O. Box # <i>15 memory lane</i> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <i>Pensacola FL</i>			City & State		
Zip <i>32503</i>			Country <i>Columbia</i>		
4. FEI Number 59-2262766			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RADOMINSKI, DIANNA 304 W CERVANTES ST PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>15 memory lane</i> City <i>Pensacola</i> FL Zip Code <i>32503</i>		
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 <i>Dianna Radomski</i> DATE <i>2-11-08</i> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TORGENSEN, TODD		STREET ADDRESS	<i>pres</i>	
CITY-ST-ZIP	2704 NORTH 12TH AVE PENSACOLA, FL 32503		CITY-ST-ZIP	<i>→</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, WILLIAM R		NAME		
STREET ADDRESS	P.O. BOX 12463		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32591		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<i>TD</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBLE, WILLIAM G		NAME	<i>Michael Adams Jr</i>	
STREET ADDRESS	900 N. 12TH AVE.		STREET ADDRESS	<i>2442 Executive Plaza</i>	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	<i>Pensacola FL 32504</i>	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADOMINSKI, DIANNA		NAME		
STREET ADDRESS	PO BOX 17012		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Dianna Radomski</i>		2/11/08		8506024963	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40030713



01222008 Chg-NP CR2E037 (12/06)