

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 28, 2009
Secretary of State

DOCUMENT# 767094

Entity Name: PENSACOLA FUTBOL CLUB INC.**Current Principal Place of Business:**10360 ASHTON BROSNAHAM ROAD
PENSACOLA, FL 32534**New Principal Place of Business:****Current Mailing Address:**10360 ASHTON BROSNAHAM ROAD
PENSACOLA, FL 32534**New Mailing Address:****FEI Number:** 59-3139411**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WELSH, IAN M
10360 ASHTON BROSNAHAM ROAD
PENSACOLA, FL 32534 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: P () Delete
Name: STONE, ROBERT
Address: 10360 ASHTON BROSNAHAM ROAD
City-St-Zip: PENSACOLA, FL 32534

Title: S () Delete
Name: LACEY, CATHY
Address: 10360 ASHTON BROSNAHAM ROAD
City-St-Zip: PENSACOLA, FL 32534

Title: T () Delete
Name: WELSH, IAN
Address: 10360 ASHTON BROSNAHAM ROAD
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: WERDUNG, DAVID A
Address: 793 CEDAR TREE LANE
City-St-Zip: CANTONMENT, FL 32533

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP () Change (X) Addition
Name: MARSH, GARY
Address: 10360 ASHTON BROSNAHAM ROAD
City-St-Zip: PENSACOLA, FL 32534

Title: SC () Change (X) Addition
Name: HARPOLE, CHRISTY
Address: 10360 ASHTON BROSNAHAM ROAD
City-St-Zip: PENSACOLA, FL 32534

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IAN WELSH

T

07/28/2009

Electronic Signature of Signing Officer or Director

Date