

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769895

FILED
Apr 11, 2005
Secretary of State

Entity Name: ENSLEY FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

551 EAST NINE MILE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7125
PENSACOLA, FL 32534 US

New Mailing Address:

FEI Number: 22-3871863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, CHIP
711 N. HAYNES STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

LAMBERT, DOUG
838 VALLEY RIDGE DRIVE
PENSACOLA, FL 32514 US

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: DOUG LAMBERT

04/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMONS, CHIP
Address: 856 GONZALEZ PARK DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: TD () Delete
Name: LOCKMAN, STEVE
Address: 1025 HWY 196
City-St-Zip: MOLINO, FL 32577

Title: VPD () Delete
Name: LAMBERT, DOUG
Address: 838 VALLEY RIDGE CIR
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SIMMONS, CHIP
Address: 856 GONZALEZ PARK DRIVE
City-St-Zip: CANTONMENT, FL 32533

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

Title: PD (X) Change () Addition
Name: LAMBERT, DOUG
Address: 838 VALLEY RIDGE CIR
City-St-Zip: PENSACOLA, FL 32514

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: STEVE LOCKMAN

TD

04/11/2005

Electronic Signature of Signing Officer or Director

Date