

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769895

FILED
Jan 30, 2009
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 1148
GONZALEZ, FL 32560 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:

LAMBERT, DOUG
838 VALLEY RIDGE DRIVE
PENSACOLA, FL 32514 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: TD () Delete
Name: HENRY, MICHELLE
Address: 1520 WATER OAK TRAIL
City-St-Zip: CANTONMENT, FL 32533

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

Title: SD () Delete
Name: LAMBERT, DANA
Address: 838 VALLEY RIDGE CIR
City-St-Zip: PENSACOLA, F 32514

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:

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: MICHELLE HENRY

TD

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date