


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002499


1. Entity Name
PENSACOLA CHARTER HALL BUILDING ASSOCIATION, INC.



Principal Place of Business Mailing Address

**519 N PALAFOX ST
PENSACOLA, FL 32501** **519 N PALAFOX ST
PENSACOLA, FL 32501**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7142603 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAKE, CHRIS
519 N PALAFOX ST
PENSACOLA, FL 32501**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCLUSKY, M J
STREET ADDRESS	398 MILLS AVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VP
NAME	BRUNO, PAUL JR
STREET ADDRESS	619 N BAYLEN ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	MARGIOTTI, VINCENT
STREET ADDRESS	3835 POTOSI RD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	KEANE, PHILLIP
STREET ADDRESS	7761 GRUNDY ST.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	S
NAME	BOWEN, DANIEL E
STREET ADDRESS	800 S "F" ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	MURRAY, MICHAEL J JR
STREET ADDRESS	2630 BELLE CHRISTIANE CIR
CITY-ST-ZIP	PENSACOLA, FL 32503

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04/22/05-80050-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Phillip M. Keane* **4/18/05** **850 432-5875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #