2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000002499 04-26-2007 90196 029 ****61.25 PENSACOLA CHARTER HALL BUILDING ASSOCIATION, 4.UUV × Mailing Address Principal Place of Business 519 N PALAFOX ST 519 N PALAFOX ST PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-NP CR2E037 (12/06) Applied For City & State FEI Number 23-7142603 City & State Not Applicable Country Zio Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAKE, CHRIS Street Address (P.O. Box Number Is Not Acceptable) 519 N PALAFOX ST PENSACOLA, FL 32501 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition MCLUSKEY, MATT NAME NAME 398 MILLS AVE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32507 CITY - ST - ZIP CITY-ST-ZIP Defete ☐ Change Addition TITLE TITLE MARGIOTTI, VINCENT NAME NAME 3835 POTOSI RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32504 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KEANE, PHILLIP HAME 7761 GRUNDY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE BOWEN, DANIEL E NAME NAME

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.

STREET ADDRESS

SOUT LABORISS

STREET ADDRESS CITY-ST-ZIP

CITY-SI-ZIP

CITY-ST-ZIP

1816

MAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-71P

HILE HAME

NAME STREET ADDRESS 800 S "F" ST

PENSACOLA, FL 32501

RINTED NAME OF BIG

Delete

Defete

16 Arn 07 (850) 206-0784

FILED

Apr 26, 2007 8:00 am Secretary of State

Change

☐ Change

Addition

☐ Addition