


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-09-2008 90027 042 ****61.25

DOCUMENT # N00000002499 1. Entity Name PENSACOLA CHARTER HALL BUILDING ASSOCIATION, INC.	
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Principal Place of Business 519 N PALAFOX ST PENSACOLA, FL 32501	Mailing Address 519 N PALAFOX ST PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE

66008144



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7142603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCLUSKEY, MATT 398 MILLS AVE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEANE, PHILLIP 7761 GRUNDY ST. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOWEN, DANIEL E 800 S "F" ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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.

SIGNATURE:  **4/24/2008** (850) 432-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #