


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005545	
1. Entity Name PENSACOLA DELTA ENRICHMENT CENTER, INC.	

Principal Place of Business 601 WEBB MONT ST PENSACOLA, FL 32501	Mailing Address P.O. BOX 17032 PENSACOLA, FL 32522
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02012008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3739065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GEORGE, ROSE M 1025 PALISADE RD PENSACOLA, FL 32504

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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 <u>Rose M. George</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>2/4/08</u>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CANADY, ALEXA 6064 FOREST GREEN RD PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THORNTON, MAGGIE 10624 MACGREGOR DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM JONES, ELBERT 324 W STRONG 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: <u>Alexa Canady</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/4/08</u> Daytime Phone # <u>850 4777091</u>