

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01918

FILED
Jul 03, 2009
Secretary of State

Entity Name: PENSACOLA BRIDGE CENTER, INC.

Current Principal Place of Business:

1200 NORTH 12TH AVENUE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

1200 NORTH 12TH AVENUE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-2390599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIEGEL, STUART B
1200 NORTH 12TH AVENUE
PENSACOLA, FL 32503 US

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: P () Delete
Name: GUIMOND, GORDON
Address: 3951 LEESWAY CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: VP () Delete
Name: WESTHOLM, LARRY
Address: 4190 WESTFIELD DR
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: WILSON, SABRA
Address: 9 WEST LLOYD ST
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: ROBERTS, NANCY
Address: 2303 MICHIGAN AVE APT A4
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, NANCY
Address: 2303 MICHIGAN AVE APT A4
City-St-Zip: PENSACOLA, FL 32526

Title: VP (X) Change () Addition
Name: PLUMMER, RANDY
Address: 9 HILLBROOK WAY
City-St-Zip: GULF BREEZE, FL 32561

Title: S (X) Change () Addition
Name: GRAY, BOBBI
Address: 3305 WINDY OAKS DRIVE
City-St-Zip: PACE, FL 32571

Title: T (X) Change () Addition
Name: SISCO, GARLAN
Address: 1700 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32503

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: STUART SIEGEL

RA

07/03/2009

Electronic Signature of Signing Officer or Director

Date