

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001622

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: PENSACOLA MOPAR ASSOCIATION, INC.

## Current Principal Place of Business:

6911 PENSACOLA BLVD  
PENSACOLA, FL 32504

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 279  
CANTONMENT, FL 32533

## New Mailing Address:

FEI Number: 01-0613018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAM, JOHN P  
1175 PALISADES DR  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

SHIRES, GREG  
3358 PURSELL LANE  
PENSACOLA, FL 32526 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: JOSEPH G. SHIRES

04/17/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILBERT, JAMES  
Address: 5371 DELONA RD  
City-St-Zip: MILTON, FL 32583

Title: VP ( ) Delete  
Name: SHIRES, GREG  
Address: 3358 PURSELL LN  
City-St-Zip: PENSACOLA, FL 32526

Title: S ( ) Delete  
Name: COWAN, BECKY  
Address: 7330 COMMUNITY DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: TD (X) Delete  
Name: HAM, JOHN P  
Address: 1175 PALISADES DR  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RAPPA, RAY  
Address: 3213 COPPER RIDGE CIR.  
City-St-Zip: PENSACOLA, FL 32533

Title: TREA (X) Change ( ) Addition  
Name: SHIRES, GREG  
Address: 3358 PURSELL LN  
City-St-Zip: PENSACOLA, FL 32526

Title: VP (X) Change ( ) Addition  
Name: HILLMAN, EDDIE  
Address: 467 WEST ROBBERTS RD.  
City-St-Zip: PENSACOLA, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH G. SHIRES

TREA

04/17/2007

Electronic Signature of Signing Officer or Director

Date