

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001622

FILED
Mar 03, 2008
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:

SHIRES, GREG
3358 PURSELL LANE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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: RAPP, RAY
Address: 3213 COPPER RIDGE CIR.
City-St-Zip: PENSACOLA, FL 32533

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GREG SHIRES

TREA

03/03/2008

Electronic Signature of Signing Officer or Director

Date