




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90070 012 ****61.25

DOCUMENT # N03000010703 1. Entity Name ACCESSESCAMBIA, INC.					
Principal Place of Business 1717 N "E" ST STE 320 PENSACOLA, FL 32501			Mailing Address 1717 N "E" ST STE. 320, ATTN. J. KEHOE PENSACOLA, FL 32501 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04072005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number APPLIED FOR 20-0996665	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACKSON, RONALD E 900 N 12 AVE PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, RONALD E 900 N 12 AVE PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Appleyard, Diane 4400 Bayou Blvd., Ste. 34 Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYGARDEN, JERRY L 1717 N "E" ST STE 320 PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELSEN, ERIC 17 W CEDAR ST STE 3 PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST Sjobeng, David 1717 N "E" St., Ste. 320 Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RITCHIE, BUZZ 40 N PALAFOX ST PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST, D Ritchie, Buzz 40 N Palafox St. Pensacola, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAIT, TOMMY 101 W. GARDEN ST. PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tait, Tommy 101 W. Garden St. Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC VICKERY, JIM 1717 N. "E" ST. STE. 320 PENSACOLA, FL 32501	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Vickery, Jim 1717 N. "E" St. Ste. 320 Pensacola, FL 32501
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Sjobeng, Asst. Sec. Treas. 4/8/05 850/469-2338					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					