

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010703

Entity Name: ACCESESCAMBIA, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1717 N "E" ST STE 320
PENSACOLA, FL 32501

New Principal Place of Business:

1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501

Current Mailing Address:

1717 N "E" ST
STE. 320, ATTN: J. KEHOE
PENSACOLA, FL 32501 US

New Mailing Address:

1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501

FEI Number: 20-0996665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, RONALD E
900 N 12 AVE
PENSACOLA, FL 32501 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: D () Delete
Name: MAYGARDEN, JERRY L
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501

Title: AST () Delete
Name: SJOBERG, DAVID
Address: 1717 N E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

Title: STD () Delete
Name: RITCHIE, BUZZ
Address: 40 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: TAIT, TOMMY
Address: 101 W GARDEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: C () Delete
Name: VICKERY, JIM
Address: 177 NE ST STE 320
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAYGARDEN, JERRY L
Address: 1717 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501

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

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: DAVID W. SJOBERG

AST

04/13/2009

Electronic Signature of Signing Officer or Director

Date