

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002531

FILED
Sep 05, 2005
Secretary of State

Entity Name: PENSACOLA CHRISTMAS MARKET, INC.

Current Principal Place of Business:

9455 SCENIC HIGHWAY
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

9455 SCENIC HIGHWAY
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 20-0896253 **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:

BARRERA, PEDRO S
9455 SCENIC HIGHWAY
PENSACOLA, FL 32514 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: DPST () Delete
Name: BARRERA, PEDRO S
Address: 9455 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: BARRERA, ALEXANDRA
Address: 9455 SCENIC HIGHWAY
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: MOSLEY, JASON R
Address: 226 S. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BLAIR, STEVE
Address: 2904 CORAL STRIP PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Change () Addition
Name: TURNER, JEFFREY L
Address: 2615 TINOSA CIR.
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PEDRO S BARRERA

DPST

09/05/2005

Electronic Signature of Signing Officer or Director

Date