

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004022

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE PENSACOLA CHAPTER OF THE UNIVERSITY OF ALABAMA NATIONAL ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 20-1209665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, SUZANNE
25 W. GOVERNMENT STREET
PENSACOLA, FL 32502 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: T () Delete
Name: BAARS, THEO III
Address: 1163 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: VP () Delete
Name: BUCKLEY, JENNIFER P
Address: 815 SOUTH PALAFOX
City-St-Zip: PENSACOLA, FL 32501

Title: S () Delete
Name: WATSON, LINDA Z
Address: 7603 HELMS ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: P () Delete
Name: BLANKENSHIP, SUZANNE
Address: 25 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/D (X) Change () Addition
Name: BAARS, THEO III
Address: 1163 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

Title: VP/D (X) Change () Addition
Name: BUCKLEY, JENNIFER P
Address: 815 SOUTH PALAFOX
City-St-Zip: PENSACOLA, FL 32501

Title: S/D (X) Change () Addition
Name: WATSON, LINDA Z
Address: 7603 HELMS ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: P/D (X) Change () Addition
Name: BLANKENSHIP, SUZANNE
Address: 25 W. GOVERNMENT ST.
City-St-Zip: PENSACOLA, FL 32504

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: SUZANNE BLANKENSHIP

P/D

04/30/2009

Electronic Signature of Signing Officer or Director

Date