

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006338

FILED
Feb 06, 2009
Secretary of State

Entity Name: THE PENSACOLA FILM FESTIVAL, INC.

Current Principal Place of Business:

10152 SUGAR CREEK CIR
PENSACOLA, FL 32514

New Principal Place of Business:

105 FLORIDA BLANCA STREET
PENSACOLA, FL 32502

Current Mailing Address:

105 FLORIDA BLANCA
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 20-1334642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSH, TOM
105 FLORIDA BLANCA 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: D () Delete
Name: RUSHING, MICHELLE
Address: 223 MEADSON WAY
City-St-Zip: PENSACOLA, FL 32506

Title: VP (X) Delete
Name: ROUSH, TOM
Address: 105 FLORIDA BLANCA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Delete
Name: DAUGHTRY, DENISE
Address: 226 INTENDENCIA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Delete
Name: RITCHIE, DEE DEE
Address: 591 ARAGON ST
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROUSH, TOM
Address: 1162 OLD NURSERY WAY
City-St-Zip: PENSACOLA, FL 32514

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: THOMAS W ROUSH

VP

02/06/2009

Electronic Signature of Signing Officer or Director

Date