

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007442

FILED
Jul 06, 2005
Secretary of State

Entity Name: PENSACOLA JUNIOR YACHT CLUB, INC.

Current Principal Place of Business:

1897 CYPRESS ST
PENSACOLA, FL 32591

New Principal Place of Business:

Current Mailing Address:

P O BOX 989
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 20-1486182 **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:

WILLIAMS, JAY
1897 CYPRESS ST
PENSACOLA, FL 32591 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: PD () Delete
Name: MATTHEWS, JOHN H
Address: 5119 CHANDELLE DR
City-St-Zip: PENSACOLA, FL 32507

Title: VPD () Delete
Name: BREWER, DAVIS
Address: 1545 TALL PINE TRAIL
City-St-Zip: GULF BREEZE, FL 32561

Title: SD () Delete
Name: FLETCHER, VICKI
Address: 632 LAKEWOOD RD
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: MORASKI, BETSY
Address: 4755 SLABACK ST
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN H. MATTHEWS

PD

07/06/2005

Electronic Signature of Signing Officer or Director

Date