

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000006971

1. Entity Name
**ALANO CLUB OF PENSACOLA, FLORIDA,
INCORPORATED**



Principal Place of Business
**2613 WEST CERVANTES STREET
PENSACOLA, FL 32505**

Mailing Address
**2613 WEST CERVANTES STREET
PENSACOLA, FL 32505**

2. Principal Place of Business
2623 W. CERVANTES ST.

3. Mailing Address
2623 W. CERVANTES ST.

Suite, Apt. #, etc.

City & State
PENSACOLA, FL.

City & State
PENSACOLA FL.

Zip
32505

Country
USA

Zip
32505

Country
USA

11252006 REIN-NP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E099 (11/05)

4. FEI Number
20-3159501

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ALBERT W
2500 W LAKEVIEW AVENUE
PENSACOLA, FL 32506**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Albert W. Smith* **NOV 27, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, ALBERT W 2500 WEST LAKEVIEW AVENUE PENSACOLA, FL 32505	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, EDDIE 423 EL MATADOR TRAIL PENSACOLA, FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALTENBAUGH, RICHARD L REV 1621 GALVIN AVE PENSACOLA, FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>12/15</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082216829 12/02/06--01001--005 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082216829 12/04/06--01010--005 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Richard Altenbaugh* **REV. RICHARD ALTENBAUGH**

Signature and typed or printed name of signing officer or director Date **11/24/06** Daytime Phone # **850-432-0068**