

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009826

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** PENSACOLA ALUMNI CHARITY FOUNDATION, INC.

**Current Principal Place of Business:**

1401 W. GONZALEZ STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

3431 OAKMONT DR  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 76-0803751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HODGES, ELLIS  
1401 W. GONZALEZ STREET  
PENSACOLA, FL 32501 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:** P  
**Name:** HODGES, ELLIS  
**Address:** 4475 CESSNOCK DRIVE  
**City-St-Zip:** PENSACOLA, FL 32514

**Title:** T  
**Name:** BOLDEN, SAMUEL DR.  
**Address:** 3431 OAKMONT DRIVE  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** S  
**Name:** WILLIAMS, MALACHI  
**Address:** 4829 BIRCHWOOD PLACE  
**City-St-Zip:** PENSACOLA, FL 32503

I hereby 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 all other like empowered.

**SIGNATURE:** SAMUEL H. BOLDEN

TREA

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date