

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90034 009 ****61.25

DOCUMENT # N05000012749

1. Entity Name

PENSACOLA ICE PILOTS FOUNDATION, INC.



Principal Place of Business

201 EAST GREGORY STREET
PENSACOLA, FL 32502-4956

Mailing Address

201 EAST GREGORY STREET
PENSACOLA, FL 32502-4956

40004068



DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-3317838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME ~~FORTGIONE, MARIO~~ Forgione, Mario
STREET ADDRESS 90 BURNHAMTHORPE RD WEST #1210
CITY-ST-ZIP MISSISSANGA, ONTARIO CANADA, L4V 1L1 L5B3C3

TITLE D
NAME ~~FORTGIONE, MICHELE~~ Forgione, Michele
STREET ADDRESS 90 BURNHAMTHORPE RD WEST #1210
CITY-ST-ZIP MISSISSANGA, ONTARIO CANADA, L4V 1L1 L5B3C3

TITLE D
NAME ~~FRIEDMAN, JEFFREY P~~ Jeffery
STREET ADDRESS 90 BURNHAMTHORPE RD. WEST #1210
CITY-ST-ZIP MISSISSANGA, ONTARIO CANADA, L4V 1L1 L5B3C3

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08
Date

Daytime Phone #