

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012014

FILED
Apr 29, 2009
Secretary of State

Entity Name: PENSACOLA PELICANS BOOSTER CLUB, INC.

Current Principal Place of Business:

316 SOUTH BAYLEN ST., SUITE 300
PENSACOLA, FL 32502

New Principal Place of Business:

3211 BARRANCAS AVENUE
PENSACOLA, FL 32507

Current Mailing Address:

P.O. BOX 13502
PENSACOLA, FL 32591

New Mailing Address:

537 TEMPLEHILL DRIVE
PENSACOLA, FL 32534

FEI Number: 20-5894272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE WEESE, JEFF
316 SOUTH BAYLEN ST., SUITE 300
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

ELWELL, JENNI
3211 BARRANCAS AVE
PENSACOLA, FL 32507 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: JENNI ELWELL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MAUER, MARGIE
Address: P.O. BOX 13502
City-St-Zip: PENSACOLA, FL 32591

Title: V/D () Delete
Name: HINSH, BETSY
Address: P.O. BOX 13502
City-St-Zip: PENSACOLA, FL 32591

Title: T/D () Delete
Name: MAISONNEUVE, GLORIA
Address: 537 TEMPLE HILL ST
City-St-Zip: PENSACOLA, FL 32534

Title: S/D (X) Delete
Name: LINDSEY, AMANDA
Address: 32856 SEMINOLE ROAD W
City-St-Zip: SEMINOLE, AL 36574

Title: S/D (X) Delete
Name: ELWELL, JENNI
Address: 32856 SEMINOLE ROAD W
City-St-Zip: SEMINOLE, AL 36574

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KATHY, FULLERTON
Address: 3481 RIVERINA DR
City-St-Zip: PENSACOLA, FL 32514

Title: V/D (X) Change () Addition
Name: PAUL, DYE
Address: 7798 PHENIX PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: T/S (X) Change () Addition
Name: MAISONNEUVE, GLORIA
Address: 537 TEMPLE HILL ST
City-St-Zip: PENSACOLA, FL 32534

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: GLORIA MAISONNEUVE

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04/29/2009

Electronic Signature of Signing Officer or Director

Date