## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012988

Entity Name: PENSACOLA'S PROMISE, INC.

FILED Apr 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 840 W MORENO ST PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 840 W MORENO ST PENSACOLA, FL 32501 FEI Number: 20-5966578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEPPARD, JULIE L ESQ. 15 LAKESIDE DRIVE US PENSACOLA, FL 32507 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BIRDWELL, JANE Name: Name: 890 S PALAFOX STREET SUITE 109 Address: Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SHERMAN, MONICA Name: MCKINNEY, PAM Name: Address: 2185 AIRPORT BLVD Address: 4052 BUTLONLOUSH DR City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32583 Title: () Delete Title: () Change () Addition FAIRCHILD, KRISTIN GLASS Name: Name: Address: 840 W MORENO ST Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: BONNER, CHAD Name: PAPADELIAS, ANN 6120 ENTERPRISE DR Address: Address: 2669 BAYOU BLVD City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA, FL 32503 Title: ( ) Delete Title: () Change () Addition BLANKENSHIP, SUZANNE Name: Name: 25 WEST GOVERNMENT STREET Address: Address: City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DANIEL SARA SCHROEDER, DENNIS Name: Name: Address: 5151 N NINTH AVE Address: 4450 CHULA VISTA PENSACOLA, FL 32504 PENSACOLA, FL 32504 City-St-Zip: 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: KRISTIN FAIRCHILD ED 04/21/2008