

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012988

FILED
Jan 16, 2009
Secretary of State

Entity Name: PENSACOLA'S PROMISE, INC.

Current Principal Place of Business:

840 W MORENO ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

840 W MORENO ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 20-5966578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, JULIE L ESQ.
15 LAKESIDE DRIVE
PENSACOLA, FL 32507 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: DP () Delete
Name: BIRDWELL, JANE
Address: 890 S PALAFOX STREET SUITE 109
City-St-Zip: PENSACOLA, FL 32502

Title: DT () Delete
Name: MCKINNEY, PAM
Address: 4052 BUTLONLOUSH DR
City-St-Zip: PENSACOLA, FL 32583

Title: ED () Delete
Name: FAIRCHILD, KRISTIN GLASS
Address: 840 W MORENO ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: PAPADELIAS, ANN
Address: 2669 BAYOU BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: BLANKENSHIP, SUZANNE
Address: 25 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: SCHROEDER, DENNIS
Address: 4450 CHULA VISTA
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BIRDWELL, JANE
Address: 890 S PALAFOX STREET SUITE 109
City-St-Zip: PENSACOLA, FL 32502

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: BLANKENSHIP, SUZANNE
Address: 25 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

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: KRISTIN FAIRCHILD

ED

01/16/2009

Electronic Signature of Signing Officer or Director

Date