

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009741

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PENSAPEDIA FOUNDATION, INC.

**Current Principal Place of Business:**

812 NORTH GUILLEMARD STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

812 NORTH GUILLEMARD STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 26-1202294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VINSON, R. JOSEPH  
812 NORTH GUILLEMARD 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: D ( ) Delete  
Name: VINSON, R. JOSEPH  
Address: 812 NORTH GUILLEMARD STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: APPLEYARD, RICHARD  
Address: 4400 BAYOU BLVD, STE 34  
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Delete  
Name: MASSEY, P. JAY  
Address: 222 N BAYLEN ST  
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Delete  
Name: COSSON, DEREK  
Address: 1555 E HAYES ST  
City-St-Zip: PENSACOLA, FL 32503

Title: D (X) Delete  
Name: LINDSEY, VICKIE  
Address: P.O. BOX 9537  
City-St-Zip: PENSACOLA, FL 32513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: COSSON, DEREK  
Address: 1555 E HAYES ST  
City-St-Zip: PENSACOLA, FL 32503

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

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: R. JOSEPH VINSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date