

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002639

FILED
Jan 13, 2009
Secretary of State

Entity Name: PENSACOLA RC CLUB, INC.

Current Principal Place of Business:

6292 RIDGEGATE CIRCLE
PENSACOLA, FL 32504

New Principal Place of Business:

4204 LYNN ORA DR
PENSACOLA, FL 32504

Current Mailing Address:

6292 RIDGEGATE CIRCLE
PENSACOLA, FL 32504

New Mailing Address:

4204 LYNN ORA DR
PENSACOLA, FL 32504

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEAGUE, CHARLES
6292 RIDGEGATE CIRCLE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

SANTIAGO, BRIAN
4204 LYNN ORA DR
PENSACOLA, FL 32504 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: BRIAN SANTIAGO

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANTIAGO, BRIAN
Address: 6292 RIDGEGATE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: DVP () Delete
Name: FARELL, WILLIAM
Address: 6292 RIDGEGATE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: DS () Delete
Name: FARELL, RISA
Address: 6292 RIDGEGATE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: DT () Delete
Name: SANTIAGO, HILDIGARDA
Address: 6292 RIDGEGATE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SANTIAGO, BRIAN
Address: 4204 LYNN ORA DR
City-St-Zip: PENSACOLA, FL 32504

Title: DVP (X) Change () Addition
Name: FARELL, WILLIAM
Address: 4204 LYNN ORA DR
City-St-Zip: PENSACOLA, FL 32504

Title: DS (X) Change () Addition
Name: FARELL, RISA
Address: 4204 LYNN ORA DR
City-St-Zip: PENSACOLA, FL 32504

Title: DT (X) Change () Addition
Name: SANTIAGO, HILDIGARDA
Address: 4204 LYNN ORA DR
City-St-Zip: PENSACOLA, FL 32504

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: BRIAN SANTIAGO

DP

01/13/2009

Electronic Signature of Signing Officer or Director

Date