

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 20, 2009
Secretary of State

DOCUMENT# N08000004037

Entity Name: NORTHEAST PENSACOLA WILDCATS FOOTBALL, INC.**Current Principal Place of Business:**3 W GARDEN ST STE 508
PENSACOLA, FL 32502**New Principal Place of Business:****Current Mailing Address:**3 W GARDEN ST STE 508
PENSACOLA, FL 32502**New Mailing Address:****FEI Number:** 26-2427597**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHILDERS, BRUCE
3 W GARDEN ST STE 508
PENSACOLA, FL 32502 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:** P () Delete
Name: HULION, TONY R
Address: 4417 LAJOLLA
City-St-Zip: PENSACOLA, FL 32504**Title:** VP () Delete
Name: CHILDERS, BRUCE B
Address: 3 W GARDEN STREET STE 508
City-St-Zip: PENSACOLA, FL 32502**Title:** S () Delete
Name: HEANEY, CHRIS
Address: 2340 INVERNESS DR
City-St-Zip: PENSACOLA, FL 32503**Title:** T (X) Delete
Name: CHILDERS, PAMELA L
Address: 2405 HALLMARK DRIVE
City-St-Zip: PENSACOLA, FL 32503**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: CHILDERS, PAMELA
Address: 2405 HALLMARK DRIVE
City-St-Zip: PENSACOLA, FL 32503**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: PAMELA CHILDERS

T

08/20/2009

Electronic Signature of Signing Officer or Director

Date