

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004862

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** PENSACOLA SENIOR SOFTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

3010 SELMA ST.  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16063  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 90-040469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, ROBERT L.  
3010 SELMA ST.  
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: D ( ) Delete  
Name: CARRICK, LAWRENCE B.  
Address: 3010 SELMA ST.  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: MARTIN, ROBERT L.  
Address: 3010 SELMA ST.  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: DAVIS, ROBERT L.  
Address: 3010 SELMA ST.  
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: MARTIN, ROBERT L.  
Address: 4950 CATALINA CIR.  
City-St-Zip: PENSACOLA, FL 32506

Title: V (X) Change ( ) Addition  
Name: MICHAEL, DESORBO  
Address: 3590 MARJEAN DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: S (X) Change ( ) Addition  
Name: DAVIS, ROBERT L.  
Address: 3010 SELMA ST.  
City-St-Zip: PENSACOLA, FL 32507

Title: T ( ) Change (X) Addition  
Name: MURPHY, GEORGE  
Address: 5120 MANDAVILLA BLVD.  
City-St-Zip: GULF BREEZE, FL 32563

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: ROBERT L. DAVIS

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04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date