

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006274

FILED
Apr 01, 2009
Secretary of State

Entity Name: PENSACOLA BEACH ADVOCATES, INC.

Current Principal Place of Business:

229 SABINE DR
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

PO BOX 1262
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 26-2791399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELL, STEPHEN B
226 PALAFOX PLACE 9TH FLOOR
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

COX, JIM
229 SABINE DR
PENSACOLA BEACH, FL 32561 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: JIM COX

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: COX, JIM PRES
Address: 229 SABINA DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VP () Change (X) Addition
Name: HOLLAND, SCOTT VP
Address: 101 ENTRADA 2
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SCRY () Change (X) Addition
Name: JOHNSON, SANDI SECTRY
Address: 2 PORTOFINO DR , SUITE 803
City-St-Zip: PENSCAOLA BEACH, FL 32561

Title: TRES () Change (X) Addition
Name: WINDHAM, GLENN TRES
Address: 1014 VIA DELUNA DR
City-St-Zip: PENSACOLA BEACH, FL 32561

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: JIIM COX

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date