

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008848

FILED
Jan 08, 2009
Secretary of State

Entity Name: PENSACOLA TEAM RACING AGAINST ALCOHOL AND DRUG ABUSE, INC.

Current Principal Place of Business:

5105 N. PALAFOX ST.
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

5105 N. PALAFOX ST.
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 26-3764123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, WILLIAM N
5105 N. PALAFOX ST.
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: P () Delete
Name: BRYE, CHARLIE
Address: 827 LAKE AIRE DR.
City-St-Zip: PENSACOLA, FL 32506

Title: V () Delete
Name: DONSON, TERRY
Address: 7816 OAK FOREST PL.
City-St-Zip: PENSACOLA, FL 32514

Title: S () Delete
Name: GREEN, PATRICIA
Address: 425 N. EAST ST., #A
City-St-Zip: PENSACOLA, FL 32501

Title: AS () Delete
Name: ENGLISH, HOWARD
Address: 500 E. FAIRFIELD DR., LOT 9
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: HOWELL, RONNIE
Address: 5522 GLASS DR.
City-St-Zip: PENSACOLA, FL 32505

Title: AT () Delete
Name: GREEN, WILLIAM N
Address: 5105 N. PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLIE BRYE

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date