

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08982

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** GULL POINT PERFORMING DANCERS, INC.

**Current Principal Place of Business:**

GULL POINT RECREATION CENTER  
7140 OLD SPANISH TRAIL  
PENSACOLA, FL 325210053

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10443  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 59-2629873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARMICHAEL, KIM  
4750 PEACOCK DRIVE  
PENSACOLA, FL 32504 US

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

NELSON, PAMULIA S  
6412 SPRUCE ST  
MILTON, FL 32570 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: PAMULIA S NELSON

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: CARMICHAEL, KIM  
Address: 4750 PEACOCK DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: VT ( ) Delete  
Name: MCCANTS, CONNIE  
Address: 1221 NORTHBROOK DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: T ( ) Delete  
Name: MASSEY, MARIE  
Address: 727 VALLEY GRANDE ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: ST ( ) Delete  
Name: HEATWOLE, TERRI  
Address: 1809 E GADSDEN ST  
City-St-Zip: PENSACOLA, FL 32504

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

Title: PRES (X) Change ( ) Addition  
Name: BUTLER, GWEN  
Address: C/O P O BOX 10443  
City-St-Zip: PENSACOLA, FL 32524

Title: VP (X) Change ( ) Addition  
Name: MCCANTS, CONNIE  
Address: 1221 NORTHBROOK DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: TREA (X) Change ( ) Addition  
Name: NELSON, PAMULIA S  
Address: 6412 SPRUCE ST  
City-St-Zip: MILTON, FL 32570

Title: SECR (X) Change ( ) Addition  
Name: HEATWOLE, TERRI  
Address: 1809 E GADSDEN ST  
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: PAMULIA S NELSON

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date