

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09894

FILED
Feb 25, 2009
Secretary of State

Entity Name: THE ESCAMBIA-SANTA ROSA BAR FOUNDATION, INC.

Current Principal Place of Business:

418 W GARDEN ST
ROOM 210
PENSACOLA, FL 32502 US

New Principal Place of Business:

216 S. TARRAGONA STREET
SUITE B
PENSACOLA, FL 32502 US

Current Mailing Address:

418 W GARDEN ST
ROOM 210
PENSACOLA, FL 32502 US

New Mailing Address:

216 S. TARRAGONA STREET
SUITE B
PENSACOLA, FL 32502 US

FEI Number: 59-2722183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUBEK, MICHAEL A
418 W GARDEN ST
ROOM 210
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

DOUBEK, MICHAEL A
216 S. TARRAGONA STREET
SUITE B
PENSACOLA, FL 32502 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:

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FARRAR, GREGORY
Address: 109 N PALAFOX ST, SUITE 1
City-St-Zip: PENSACOLA, FL 32502

Title: STD () Delete
Name: EMMANUEL, ROBERT
Address: 30 S SPRING ST
City-St-Zip: PENSACOLA, FL 32502

Title: P () Delete
Name: ECHSNER, STEPHEN
Address: 316 S BAYLEN ST
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: SPAIN, ADRIANNA M
Address: 307 S. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: LINDSAY, ALLEN W
Address: 5218 WILLING STREET
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: STOPP, MARGARET
Address: 220 W GARDEN STREET 9TH FLOOR
City-St-Zip: PENSACOLA, FL 32502

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: MICHAEL A. DOUBEK

RA

02/25/2009

Electronic Signature of Signing Officer or Director

Date