

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008685

FILED
Feb 22, 2012
Secretary of State

Entity Name: KAYAK FOR A CURE PENSACOLA, INC.

Current Principal Place of Business:

420 WILLIAMSBURG DR
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

420 WILLIAMSBURG DR
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 45-3231860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOMMER, NATHAN M
615 N ALCANIZ 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
Name: GOLDMAN, DANNY
Address: 420 WILLIAMSBURG DR
City-St-Zip: GULF BREEZE, FL 32561 US

Title: DIR
Name: GOLDMAN, BRENDA
Address: 420 WILLIAMSBURG DR
City-St-Zip: GULF BREEZE, FL 32561 US

Title: DIR
Name: LUNDAY, VIRGINIA
Address: 421 WILLIAMSBURG DR
City-St-Zip: GULF BREEZE, FL 32561 US

Title: DIR
Name: OWENS, TABATHA
Address: 419 WILLIAMSBURG DR
City-St-Zip: GULF BREEZE, FL 32561 US

Title: DIR
Name: SOMMER, NATHAN
Address: 615 N ALCANIZ ST
City-St-Zip: PENSACOLA, FL 32501 US

Title: DIR
Name: STARKEY, MARK
Address: 430 SW 13TH AVE APT 1708
City-St-Zip: PORTLAND, OR 97205

I hereby 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 all other like empowered.

SIGNATURE: NATHAN SOMMER

DIR

02/22/2012

Electronic Signature of Signing Officer or Director

Date