2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N15691

Entity Name: PENSACOLA-ESCAMBIA SPORTS ORGANIZING COMMITTEE, INC.

Current Principal Place of Business:

101 WEST MAIN STREET
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12463
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-2853535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELL, STEVE
SHELL, FLEMING, DAVIS & MENGE
226 PALAFOX PLACE, 9TH FLOOR
PENSACOLA, FL 32502 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:	PD	( ) Delete
Name:	BERG, RICHARD	
Address:	11000 UNIVERSITY PARKWAY	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	SD	( ) Delete
Name:	SHELL, STEVE	
Address:	226 PALAFOX PL, 9TH FL	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	D	( ) Delete
Name:	DESORBO, MIKE	
Address:	3590 MARJEAN DRIVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	LOWREY, JACK L JR.	
Address:	3730 BARNWELL CIRCLE	
City-St-Zip:	PENSACOLA, FL 32503	

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:	

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: SALLY GARST AIDE 04/30/2007

Electronic Signature of Signing Officer or Director — Date