

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90047 039 ****61.25

DOCUMENT # N16876 1. Entity Name THE ESCAMBIA COUNTY PUBLIC SCHOOLS FOUNDATION FOR EXCELLENCE, INC.					
Principal Place of Business 30 EAST TEXAR DRIVE PENSACOLA, FL 32503 US			Mailing Address 30 EAST TEXAR DRIVE PENSACOLA, FL 32503 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEE, EARL V 30 E TEXAR DRIVE PENSACOLA, FL 32503			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, EARL V		NAME		
STREET ADDRESS	1810 NORTH 58TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSENBLUM, DENISE		NAME	SAMMONS, GARY	
STREET ADDRESS	3980 MONTALGO ST		STREET ADDRESS	One Energy Place	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola, FL 32520	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAMMONS, GARY		NAME	STEVENS, BARRY	
STREET ADDRESS	ONE ENERGY PLACE		STREET ADDRESS	3204 S. Highway 95A	
CITY-ST-ZIP	PENSACOLA, FL 32520		CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRY, STEVEN		NAME	BAKER, LAVERNE	
STREET ADDRESS	3204 S HIGHWAY 95A		STREET ADDRESS	84 Baybridge Drive	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBSON, CANDACE		NAME		
STREET ADDRESS	2205 LAVISTA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STONE, JEFFREY A		NAME	CARTER, AUDRA	
STREET ADDRESS	4716 FRANCISCO PL		STREET ADDRESS	1603 1/2 Davis Highway	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola, FL 32503	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			February 5, 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			850-469-5466		
			Daytime Phone #		