

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16876

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE ESCAMBA COUNTY PUBLIC SCHOOLS FOUNDATION FOR EXCELLENCE, INC.

Current Principal Place of Business:

30 EAST TEXAR DRIVE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

30 EAST TEXAR DRIVE
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-2715995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, EARL V
30 E TEXAR DRIVE
PENSACOLA, FL 32503 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: PS () Delete
Name: LEE, EARL V
Address: 1810 NORTH 58TH AVE.
City-St-Zip: PENSACOLA, FL

Title: CD () Delete
Name: SAMMONS, GARY
Address: ONE ENERGY PLACE
City-St-Zip: PENSACOLA, FL 32520

Title: VD () Delete
Name: STEVENS, BARRY
Address: 3204 S HIGHWAY 95A
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: BAKER, LAVERNE
Address: 84 BAYBRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: GIBSON, CANDACE
Address: 2205 LAVISTA AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: CARTER, AUDRA
Address: 1603 DAVIS HIGHWAY
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:

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: EARL V. LEE

PS

01/07/2009

Electronic Signature of Signing Officer or Director

Date