

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16889

FILED
Jan 06, 2009
Secretary of State

Entity Name: PENSACOLA PAPER INDUSTRIES LABOR TEMPLE BUILDING COMMITTEE, INC.

Current Principal Place of Business:

583 HWY 29 N
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

PO BOX 886
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-2735721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, JAMES C
951 SUMMER SHADE LN
CANTONMENT, FL 32533 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: V () Delete
Name: CASONE, PAUL
Address: 3398 HORNSBY
City-St-Zip: CANTONMENT, FL 32533

Title: STD () Delete
Name: MCCREARY, TERRANCE
Address: 1604 UNITY COURT
City-St-Zip: PENSACOLA, FL 32534

Title: D (X) Delete
Name: NALL, THOMAS
Address: 218 KAYLYN RD
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: GREEN, RAYMOND M
Address: 2957 CREIGHTON BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: P () Delete
Name: YUNASZ, GENE WE JR
Address: 7031 CHESTNUT RD
City-St-Zip: MOLINO, FL 32577

Title: V (X) Delete
Name: WALLACE, WALTER
Address: 709 WOODLAND DR
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: WALLACE, WALTER
Address: 709 WOODLAND DR.
City-St-Zip: PENSACOLA, FL 32503

Title: S/T (X) Change () Addition
Name: RICHARDSON, JAMES C
Address: 951 SUMMER SHADE LN.
City-St-Zip: CANTONMENT, FL 32533

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: JAMES C. RICHARDSON

S/T

01/06/2009

Electronic Signature of Signing Officer or Director

Date