

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20503

FILED
Feb 07, 2008
Secretary of State

Entity Name: ORDER OF TRISTAN, INC.

Current Principal Place of Business:

PO BOX 13134
PENSACOLA, FL 32591 US

New Principal Place of Business:

312 NORTH DAVIS STREET
PENSACOLA, FL 32501 US

Current Mailing Address:

PO BOX 13134
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIGGS, GEORGE
2901 BLACKSHEAR AVE.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

PATE, SCOTT
312 NORTH DAVIS STREET
PENSACOLA, FL 32501 US

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: SCOTT PATE

02/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIGGS, GEORGE
Address: PO BOX 13134
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: SHERRILL, CHARLES J
Address: 410 E. GOVERNMENT ST.
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: RONFRSA, JAKE III
Address: 4185 BAISDEN RD.
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PATE, SCOTT
Address: PO BOX 13134
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RENFRO, JAKE III
Address: 4185 BAISDEN RD.
City-St-Zip: PENSACOLA, FL 32503

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: SCOTT PATE

PRES

02/07/2008

Electronic Signature of Signing Officer or Director

Date