2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25038

FILED Feb 19, 2008 Secretary of State

Entity Name: BILL BOND LEAGUE OF PENSACOLA, INC.

Current Principal Place of Business: New Principal Place of Business:

40 N. PALAFOX ST 2012 SEMUR RD

PENSACOLA, FL 32502 PENSACOLA, FL 32503

Current Mailing Address: New Mailing Address:

PO BOX 10869

PENSACOLA, FL 32524

FEI Number: 59-2879709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VREDENBURG, BRUCE RICKETSON, DAVID 40 N. PALAFOX STREET 2012 SEMUR RD

PENSACOLA, FL 32502 US PENSACOLA, FL 32503 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: DAVID RICKETSON 02/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TD ()Delete Title: TD (X)Change ()Addition

 Name:
 RICKETSON, DAVID
 Name:
 BILLS, AMANDA

 Address:
 2012 SEMUR RD
 Address:
 4004 LEESWAY CIRCLE

 City-St-Zip:
 PENSACOLA, FL 32503 US
 City-St-Zip:
 PENSACOLA, FL 32504 US

Title: SD () Delete Title: () Change () Addition

 Name:
 OGELSBY, KATIE
 Name:

 Address:
 7321 MARTINIQUE RD.
 Address:

 City-St-Zip:
 PENSACOLA, FL 32504 US
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 VREDENBURG, BRUCE
 Name:
 RICKETSON, DAVID

 Address:
 40 N. PALAFOX ST
 Address:
 2012 SEMUR RD

City-St-Zip: PENSACOLA, FL 32502 US City-St-Zip: PENSACOLA, FL 32503 US

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} Title: VD (X) Change () Addition$

 Name:
 GELLATLY, BILL
 Name:
 MCGHEE, JIM

 Address:
 4545 MENEWA PATH
 Address:
 4570 FRANCISO

City-St-Zip: PENSACOLA, FL 32504 US City-St-Zip: PENSACOLA, FL 32504 US

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: DAVID RICKETSON PD 02/19/2008