## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26471

FILED Apr 25, 2007 Secretary of State

Entity Name: GREATER PENSACOLA COMMUNITY ORGANIZATIONS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2600 W STRONG STREET (32501) 2924 MISSION ROAD P.O. BOX 8 PENSACOLA, FL 32505 PENSACOLA, FL 325910008 New Mailing Address: **Current Mailing Address:** 2600 W STRONG STREET (32501) PO BOX 8 P.O. BOX 8 PENSACOLA, FL 32591 US PENSACOLA, FL 325910008 FEI Number: 59-2875693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, WILLIE REV SLAUGHTER, JACKIE PASTOR 2924 MISSION ROAD LILLIAN HWY@N 57TH AVE US PENSACOLA, FL 32506 PENSACOLA, FL 32505 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: JACKIE SLAUGHTER 04/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBINSON, MARILYN Name: Name: 6880 JEFFERSON AVE Address: Address: City-St-Zip: CENTURY, FL 32535 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMSON, WILLIE Name: Name: Address: 2924 MISSION ROAD Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition BLEYLER, SUSAN Name: Name: Address: 2600 STRONG STREET Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: ( ) Delete Title: FOD Title: () Change () Addition BROCKWAY, DONALD D Name: Name: Address: 221 DEAN RD Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition SLAUGHTER, JACKIE SLAUGHTER, JACKIE Name: Name: LILLIAN HWY @ N 57TH ST LILLIAN HWY @ N 57TH ST Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA, FL 32506

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: DONALD D BROCKWAY FOD 04/25/2007