2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N33396

1. Entity Name

PENSACOLA VETERANS MEMORIAL PARK FOUNDATION, INC.

Principal Place of Business	Mailing Address
5000 LILLIAN HWY PENSACOLA FL 32506	P.O. BOX 17886 PENSACOLA FL 32522

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2963633 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRITCHARD, JOHN E 407 SEAMARGE LANE PENSACOLA FL 32507	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and acc... the obligations of registered agent.

SIGNATURE _____ 3/16/06

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANDERS, TERRY 519 TAMPICO BLVD. PENSACOLA FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add U00000471553 03/29/06-80001-001 70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHOOK, CHARLES 2722 KEPLER AVE PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRITCHARD, JOHN E 407 SEAMARGE LN. PENSACOLA FL 32507-3928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOOD, RICHARD 4266 N. SCOOTER LN. MILTON FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROUSE, DONALD 260 DEEPORT LN. CANTONMENT FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAM, DAVIS 8026 MOBILE HWY PENSACOLA FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE _____ 3/16/06