

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90076 019 \*\*\*\*61.25

<b>DOCUMENT # N33396</b> 1. Entity Name <b>PENSACOLA VETERANS MEMORIAL PARK FOUNDATION, INC.</b>					
Principal Place of Business <b>5000 LILLIAN HWY PENSACOLA FL 32506</b>				Mailing Address <b>P.O. BOX 17886 PENSACOLA FL 32522</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2963633</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PRITCHARD, JOHN E 407 SEAMARGE LANE PENSACOLA FL 32507</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 accept the obligations of registered agent.					
SIGNATURE <b>John E. Pritchard</b> <small>Signature, typed or printed name of registered agent next title if applicable</small>				<div style="text-align: center;">   <b>01/22/2007</b>  <small>DATE</small> </div>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <b>SANDERS, TERRY</b> <b>519 TAMPICO BLVD.</b> <b>PENSACOLA FL 32526</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <b>John E. Pritchard</b> <b>407 Seamarge Ln</b> <b>Pensacola, FL 32507</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>SHOOK, CHARLES</b> <b>2722 KEPLER AVE</b> <b>PENSACOLA FL 32507</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V</b> <b>William Davis</b> <b>8026 Mobile Hwy</b> <b>Pensacola, FL 32526</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>PRITCHARD, JOHN E</b> <b>407 SEAMARGE LN.</b> <b>PENSACOLA FL 32507-3928</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>HOOD, RICHARD</b> <b>4256 N. SCOOTER LN.</b> <b>MILTON FL 32583</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V</b> <b>Dennis Mickelsen</b> <b>7040 Oakcliff Rd</b> <b>Pensacola, FL 32526</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>V</b> <b>ROUSE, DONALD</b> <b>260 DEEPORT LN.</b> <b>CANTONMENT FL 32533</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>WILLIAM, DAVIS</b> <b>8026 MOBILE HWY</b> <b>PENSACOLA FL 32526</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**John E. Pritchard**

**01/22/2007**

**850.456.0040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #