


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N33396	
1. Entity Name PENSACOLA VETERANS MEMORIAL PARK FOUNDATION, INC.	

Principal Place of Business 5000 LILLIAN HWY PENSACOLA, FL 32506	Mailing Address P.O. BOX 17886 PENSACOLA, FL 32522
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2963633	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRITCHARD, JOHN E 407 SEAMARGE LANE PENSACOLA, FL 32507

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000784347 01/16/08-80050-019 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRITCHARD, JOHN E 407 SEAMARGE LN PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, WILLIAM 8026 MOBILE HWY PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRITCHARD, JOHN E 407 SEAMARGE LN. PENSACOLA, FL 325073928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOOD, RICHARD 4256 N. SCOOTER LN. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIKELSON, DENNIS 7040 OAKCLIFF RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	01/08/2008	850.455.8837
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>