


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

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34201</b> 1. Entity Name <b>GREATER PENSACOLA AREA ANTIQUE DEALERS ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>8508 PUNTA LORA PENSACOLA FL 32514</b>		Mailing Address <b>8508 PUNTA LORA PENSACOLA FL 32514</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2989421</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MILLS, RICHARD B. 8508 PUNTA LORA PENSACOLA FL 32514</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</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>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLS, RICHARD B 8508 PUNTA LORA PENSACOLA FL 32514	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEMPSEY, JAN 8771 HICKORY HAMMOCK RD MILTON FL 32583	<input type="checkbox"/> Delete	U00000432337 02/23/06-80058-022 61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MILLS, JULIANA 8508 PUNTA LORA PENSACOLA FL 32514	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANDRESS, DONDRA 4150 MENEDEZ RD PENSACOLA FL 32503	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add		

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.