


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90043 045 \*\*\*\*61.25

<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>
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02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2989421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MILLS, RICHARD B. 8508 PUNTA LORA PENSACOLA, FL 32514</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MILLS, RICHARD B SPENCER, HAZEL 8508 PUNTA LORA 2403 BELLEFLOWER RD. PENSACOLA, FL 32514 32526</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BAILLY, SHARON PO BOX 298 BAGDAD, FL 32530</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>MILLS, JULIANA 8508 PUNTA LORA PENSACOLA, FL 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>HOWE, SHARON FARLEY, MOONEAN SUITE 600 6100 NORTH AVE 6200 TIPPIN AVE. PENSACOLA, FL 32504 32504</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.

<b>SIGNATURE:</b> 	<b>R.B. MILLS</b>	<b>29 FEB 08</b>	<b>(850) 476 1165</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>