


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

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90064 001 \*\*\*\*61.25

<b>DOCUMENT # N37581</b>	
1. Entity Name <b>PENSACOLA COUNCIL NAVY LEAGUE OF THE UNITED STATES, INC.</b>	

Principal Place of Business <b>P.O. BOX 17486 PENSACOLA FL 32522-7486 US</b>	Mailing Address <b>P.O. BOX 17486 PENSACOLA FL 32522-7486 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3025961</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>MCGILL, JOHN B 7282 PLANTATION RD STE 302 PENSACOLA FL 32504</b>	7. Name and Address of New Registered Agent Name <b>OCHS, JOHN H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2240 OXFORD PLACE</b> City <b>PENSACOLA</b> FL Zip Code <b>32503</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  **JOHN H. OCHS, President** **MARCH 3, 2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JA GONZALEZ, TOM 3 W GARDEN STREET 7TH FL PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RIGGS, BOBBY 4141 AIKEN RD PENSACOLA FL 32503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILLIAMS, BETTY 7062 BELGIUM CIR PENSACOLA FL 32526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FOURNIER, DEAN D 2996 HWY 97 SOUTH CANTONMENT FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHALLHORN, DAVID 483 TURNBERRY ROAD CANTONMENT FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD OCHS, JOHN 2240 OXFORD PLACE PENSACOLA FL 32503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>V ANDERSON III, Robert H 3235 KINARD AVE. PENSACOLA, FL 32507</b>	

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:  **DAVID SCHALLHORN** **3-3-07** **850-968-2294**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #