


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90018 004 \*\*\*\*61.25

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>DOCUMENT # N37824</b><br>1. Entity Name<br>PENSACOLA SPECKLED TROUT CLUB INC.   |   |   |   |                                  |   |
| Principal Place of Business<br>5527 SUNBURST LANE<br>PENSACOLA, FL 32507   |   |   | Mailing Address<br>5527 SUNBURST LANE<br>PENSACOLA, FL 32507      |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |   |
| City & State   |   | City & State  |   |   |   |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br>59-2157537   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br>FINK, WALTER<br>5527 SUNBURST LANE<br>PENSACOLA, FL 32507   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.  |   |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   | DATE _____  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SMITH, THOMAS E<br>1380 WINDSOR PK. RD.<br>GULF BREEZE, FL 32563 |   | <input checked="" type="checkbox"/> Delete                        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>ROGERS, TOM<br>5525 ESSEX RD.<br>PENSACOLA, FL 32506          |   | <input type="checkbox"/> Delete                                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>CUBE, KEN<br>2161 ORTEGA ST.<br>NAVARRE, FL 32566               |   | <input type="checkbox"/> Delete                                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SEC<br>HALL, GREG<br>7450 WYMART RD.<br>PENSACOLA, FL 32526           |   | <input type="checkbox"/> Delete                                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>KURT HAMMERSCHMIDT<br>5362 WILLARD NORRIS RD<br>MILTON, FL 32570 |   | <input type="checkbox"/> Delete                                   |   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   | <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 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> <u>Kurt F. Hammerschmidt</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   | 3/18/2008 (850) 623-5014<br><small>Date Daytime Phone #</small>   |   |
| KURT F. HAMMERSCHMIDT  |   |   |   | TREASURER   |   |

40049573



02272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2157537

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 \_\_\_\_\_

DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T SMITH, THOMAS E 1380 WINDSOR PK. RD. GULF BREEZE, FL 32563

☒ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRES ROGERS, TOM 5525 ESSEX RD. PENSACOLA, FL 32506

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP CUBE, KEN 2161 ORTEGA ST. NAVARRE, FL 32566

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SEC HALL, GREG 7450 WYMART RD. PENSACOLA, FL 32526

☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T KURT HAMMERSCHMIDT 5362 WILLARD NORRIS RD MILTON, FL 32570

☐ Delete ☒ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE: Kurt F. Hammerschmidt

3/18/2008 (850) 623-5014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT F. HAMMERSCHMIDT

TREASURER