

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37824

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: PENSACOLA SPECKLED TROUT CLUB INC.

## Current Principal Place of Business:

5527 SUNBURST LANE  
PENSACOLA, FL 32507

## New Principal Place of Business:

1380 WINDSOR PARK RD  
GULF BREEZE, FL 32563

## Current Mailing Address:

5527 SUNBURST LANE  
PENSACOLA, FL 32507

## New Mailing Address:

1380 WINDSOR PARK RD  
GULF BREEZE, FL 32563

FEI Number: 59-2157537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINK, WALTER  
5527 SUNBURST LANE  
PENSACOLA, FL 32507 US

## Name and Address of New Registered Agent:

SMITH, THOMAS E TREAS  
1380 WINDSOR PARK RD  
GULF BREEZE, FL 32563 US

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.

SIGNATURE: THOMAS E. SMITH

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ROGERS, TOM  
Address: 5525 ESSEX RD.  
City-St-Zip: PENSACOLA, FL 32506

Title: VP ( ) Delete  
Name: CUBE, KEN  
Address: 2161 ORTEGA ST.  
City-St-Zip: NAVARRE, FL 32566

Title: SEC ( ) Delete  
Name: HALL, GREG  
Address: 7450 WYMART RD.  
City-St-Zip: PENSACOLA, FL 32526

Title: T ( ) Delete  
Name: HAMMERSCHMIDT, KURT  
Address: 5362 WILLARD NORRIS RD  
City-St-Zip: MILTON, FL 32570

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA (X) Change ( ) Addition  
Name: SMITH, THOMAS E  
Address: 1380 WINDSOR PARK RD  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E SMITH

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date