

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2004  
Secretary of State**

DOCUMENT# N49036

Entity Name: THE PENSACOLA AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

P.O. BOX 550  
PENSACOLA, FL 32593 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 550  
PENSACOLA, FL 32593 US

**New Mailing Address:**

FEI Number: 59-0190330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAIT, TOMMY  
101 W. GARDEN STREET  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

TOMMY, TAIT  
101 W. GARDEN STREET  
PENSACOLA, FL 32501 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: CHARLES CARLAN      01/09/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: TAIT, TOMMY  
Address: PO BOX 12744  
City-St-Zip: PENSACOLA, FL 32575

Title: CED ( ) Delete  
Name: CARLIA, CHARLES  
Address: 5111 N. 12TH AVE  
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete  
Name: OCHSNER, JOSEPH  
Address: P.O. BOX 97  
City-St-Zip: GONZALEZ, FL 32560

Title: PCED ( ) Delete  
Name: EMERSON, EVAN  
Address: 117 W GARDEN STREET  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: CARLAN, CHARLES  
Address: 5111 N. 12TH AVE  
City-St-Zip: PENSACOLA, FL 32501

Title: CED (X) Change ( ) Addition  
Name: HART, ROBERT  
Address: 125 W. ROMANO ST, SUITE 800  
City-St-Zip: PENSACOLA, FL 32591

Title: TD (X) Change ( ) Addition  
Name: BAKER, DICK  
Address: P.O. BOX 12358  
City-St-Zip: PENSACOLA, FL 32582

Title: PCED (X) Change ( ) Addition  
Name: EMERSON, EVON  
Address: 117 W GARDEN STREET  
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES CARLAN      CD      01/09/2004  
Electronic Signature of Signing Officer or Director      Date