

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N93000002514

Entity Name: 14 SOUTH PALAFOX PLACE, INC.

Current Principal Place of Business:

14 PALAFOX PLACE
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 950
PENSACOLA, FL 32594 US

New Mailing Address:

FEI Number: 59-3156757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYGARDEN, L A
10100 HILLVIEW DR APT. 1304
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MAYGARDEN, LA
Address: 10100 HILLCREST DR. APT; 1304
City-St-Zip: PENSACOLA, FL 32514

Title: DST () Delete
Name: RANELLI, EDWARD
Address: UNIVERSITY OF WES FLORIDA
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: YOUNG, PAUL
Address: 5955 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: STRAIN, LARRY
Address: 401 E CHASE STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: GONZALEZ, MARTIN DR
Address: 1301 EAST JACKSON STREET
City-St-Zip: PENSACOLA, FL 32501

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

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

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: LIBBY ROGERS

VP

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date