

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002514

FILED  
Jan 06, 2010  
Secretary of State

**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  
Name: MAYGARDEN, LA  
Address: 10100 HILLCREST DR. APT; 1304  
City-St-Zip: PENSACOLA, FL 32514

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LIBBY ROGERS

COO

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date