

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90023 050 ****61.25

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1. Entity Name

PENSACOLA FREE FLIGHT TEAM, INC.



Principal Place of Business

984 WILLIAMS DITCH ROAD
CANTONMENT FL 32533

Mailing Address

984 WILLIAMS DITCH ROAD
CANTONMENT FL 32533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3307411

Applied For

Not Applicable

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

JUNK, ROBERT W
984 WILLIAMS DITCH ROAD
CANTONMENT FL 32533

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PDC ☐ Delete
NAME JUNK, ROBERT
STREET ADDRESS 984 WILLIAMS DITCH RD.
CITY-ST-ZIP CANTONMENT FL 32533

TITLE VD ☒ Delete
NAME BYRD, NORMAN
STREET ADDRESS 800 BYRD LANE
CITY-ST-ZIP PENSACOLA FL 32526

TITLE STD ☐ Delete
NAME GRABSKI, PAUL
STREET ADDRESS 312 FOREST HILLS DR
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ Delete
NAME KLINGAMAN, JEROME
STREET ADDRESS 1413 EAST LAKEVIEW AVE.
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME DON LAWRENCE
STREET ADDRESS 107 NORWICH RD.
CITY-ST-ZIP GULF BREEZE, FL. 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

Paul Grabski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 JAN 04 850-475-2297

Date

Daytime Phone #