2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am **Secretary of State**

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PENSACOLA FREE FLIGHT TEAM, INC. 40023496 Principal Place of Business Mailing Address 312 FOREST HILLS DRIVE 312 FOREST HILLS DRIVE CANTONMENT, FL 32533 CANTONMENT, FL 32533 2. Principal Place of Business 3. Mailing Address 3928 HERMITAGE DRIVE STLR HERMITAGE DRIVE 02132006 Cha-NP CR2E037 (11/05) Applied For City & State 4. FEI Number 59-3307411 City & State PENSALULA EL PENSACOLA Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired ESCAMBIA Fee Required ESC AMAIA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRABSKI, PAUL 312 FOREST HILLS DRIVE 1312146 CANTONMENT, FL 32533 City NSACOLA 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 acce the obligations of registered agent. 728/06 RETIDENT SIGNATURE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ■ Addit TITLE ☐ Delete ADKINS, EMMETT NAME 952 GRANT PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE, AL 36606 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addit: TITLE LAWRENCE, DON NAME NAME STREET ADDRESS STREET ADDRESS 107 NORWICH RD. GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-ZIP PDC ☐ Change ☐ Additi TITLE Delete TITLE GRABSKI, PAUL NAME 312 FOREST HILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANTONMENT, FL 32533 Change Delete PDC ☐ Additi TITLE TITLE STD WHITE, GEORGE H NAME NAME 5928 HERMITAGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-7IP ☐ Delete Change X Addit TITI F CUMPSTON, GARDETTE NAME NAME STREET ADDRESS STREET ADDRESS 1432 TIGER LAKE ROAD CITY-ST-7IP CITY-ST-ZIP KILF BREEZE, FL 32563 Change Addit ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or directed the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.