

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005911

FILED
Apr 26, 2005
Secretary of State

Entity Name: PENSACOLA SPORTS ASSOCIATION, INC.

Current Principal Place of Business:

101 W MAIN ST
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 12463
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-0767953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, RAY
101 W MAIN STREET
PENSACOLA, FL 32502 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: PD () Delete
Name: PANYKO, JOHN
Address: 201 S. TARRAGONA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: SD () Delete
Name: STANOVICH, MARTY
Address: 1255 COUNTRY CLUB ROAD
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD () Delete
Name: CURRIE, JAMES
Address: 4569 BAYBROOK
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: GUND, TED
Address: 900 N 12TH AVE
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: SHERRIL, CHARLES
Address: 410 E. GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: GREGORY, KEITH
Address: 3 WEST GARDEN 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:

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

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: JOHN PANYKO

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date