2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005911

FILED Apr 21, 2009 Secretary of State

Entity Name: PENSACOLA SPORTS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
101 W MAI PENSACO	N ST LA, FL 32502	US				
Current Mailing Address:			New Mailii	New Mailing Address:		
P.O BOX 1: PENSACO	2463 LA, FL 32591	US				
FEI Number:	59-0767953	FEI Number Applied For ()	I Number Not Appli	Dlicable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	d Address of New Registered Agent:		
	RAY N STREET LA, FL 32502	US				
The above in the State		ubmits this statement for the purpo	se of changing it	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent		Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	HEALEY, WILLIA	VERSITY PKWY, BLDG 72 #280	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition HEALEY, WILLIAM UWF, 11000 UNIVERSITY PKWY, BLDG 72 #280 PENSACOLA, FL 32514		
Title: Name: Address: City-St-Zip:	PD () I MCKINNEY, REX 400 W. GARDEN PENSACOLA, FL	STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCKINNEY, REX 400 W. GARDEN STREET PENSACOLA, FL 32502		
Title: Name: Address: City-St-Zip:	D ()[CURRIE, JAMES 4569 BAYBROOI PENSACOLA, FL	K	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition CURRIE, JAMES 4569 BAYBROOK PENSACOLA, FL 32514		
Title: Name: Address: City-St-Zip:	TD () I GUND, TED 900 N 12TH AVE PENSACOLA, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () I SHERRIL, CHAR 410 E. GOVERNI PENSACOLA, FL	MENT STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()[ROGERS, JEFF 730 BAYFRONT PENSACOLA, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: RAY PALMER RA 04/21/2009