

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005067

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: GREATER ESCAMBIA COMMUNITY FOUNDATION, INC.

## Current Principal Place of Business:

17 WEST CEDAR ST  
SUITE 3  
PENSACOLA, FL 32502

## New Principal Place of Business:

## Current Mailing Address:

17 WEST CEDAR ST  
SUITE 3  
PENSACOLA, FL 32502

## New Mailing Address:

FEI Number: 59-3371653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HUSTON, GARY W  
125 W ROMANA ST  
SUITE 800  
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: D ( ) Delete  
Name: CARR, JOHN S MR  
Address: 17 W CEDAR ST, STE 3  
City-St-Zip: PENSACOLA, FL 32502

Title: CD ( ) Delete  
Name: SINROD, ALLISON R MS  
Address: 104 NIGHTENDGALE LANE  
City-St-Zip: GULF BREEZE, FL 32561

Title: DT ( ) Delete  
Name: BARROW, SCOTT L MR.  
Address: 70 NORTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: O'SULLIVAN, MORT J MR.  
Address: 316 S. BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete  
Name: BOWMAN, SHEILAN  
Address: 784 LADNER DR  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: WIGGINS, MIKE MR.  
Address: 3460 NORTH ALCANIZA STREET  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: SINROD, ALLISON R MS  
Address: 104 NIGHTENDGALE LANE  
City-St-Zip: GULF BREEZE, FL 32561

Title: DS (X) Change ( ) Addition  
Name: BARROW, SCOTT L MR.  
Address: 70 NORTH BAYLEN STREET  
City-St-Zip: PENSACOLA, FL 32502

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

Title: CD (X) Change ( ) Addition  
Name: NICKELSEN, ERIC J MR.  
Address: 17 WEST CEDAR STREET, SUITE 3  
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change ( ) Addition  
Name: MOORE, BETSY MRS.  
Address: 316 SOUTH BAYLEN STREET, SUITE 300  
City-St-Zip: PENSACOLA, FL 32502

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: SCOTT L. BARROW

DS

04/06/2009

Electronic Signature of Signing Officer or Director

Date