2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

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Entity Name: THE PENSACOLA COMMUNITY ARTS AND RECREATION ASSOCIATION INC.

Current Principal Place of Business:

6137 PAM AVENUE
PENSACOLA, FL 32526

New Principal Place of Business:

1000 COLLEGE BLVD.
PENSACOLA, FL 32504

Current Mailing Address:

6137 PAM AVENUE
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-2963715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMS, LEROY
6137 PAM AVENUE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

WILLIAMS, LEROY E PRESIDE
6137 PAM AVENUE
PENSACOLA, FL 32526 US

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: LEROY WILLIAMS 01/04/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, LEROY
Address: 6137 PAM AVE
City-St-Zip: PENSACOLA, FL 32526

Title: V ( ) Delete
Name: GUEST, BRIAN L
Address: 1530 WITT DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: VP ( ) Delete
Name: BENSON, JULIUS
Address: 815 N DEVILLIERS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WILLIAMS, LEROY E PRESIDE
Address: 6137 PAM AVE
City-St-Zip: PENSACOLA, FL 32526

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

Title: VP (X) Change ( ) Addition
Name: BENSON, JULIUS
Address: 2417 NORTH
City-St-Zip: PENSACOLA, FL 32501

Title: ASS. ( ) Change (X) Addition
Name: CHARLES, CHARISSE A ASS. PR
Address: 2467 REDOUBT AVE.
City-St-Zip: PENSACOLA, FL 32507

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: LEROY WILLIAMS PRES 01/04/2005
Electronic Signature of Signing Officer or Director Date