

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001817

FILED  
Apr 18, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1000 COLLEGE BLVD.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**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 E PRESIDE  
6137 PAM AVENUE  
PENSACOLA, FL 32526 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: PRES ( ) Delete  
Name: WILLIAMS, LEROY E PRESIDE  
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: 2417 NORTH  
City-St-Zip: PENSACOLA, FL 32501

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

**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:

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: LEROY WILLIAMS

PRES

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date