

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N96000005277</b> 1. Entity Name <b>BLUE ANGELS CLASSIC FOUNDATION, INC.</b>						<b>FILED</b> <b>05 FEB -4 PM 4:19</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>25 WEST CEDAR STREET</b> <b>STE 510</b> <b>PENSACOLA FL 32501</b> <b>US</b>				Mailing Address <b>25 WEST CEDAR STREET</b> <b>STE 510</b> <b>PENSACOLA FL 32501</b> <b>US</b>			
2. Principal Place of Business <b>200 S. Barracks ST</b> Suite, Apt. #, etc. <b>Suite 210</b>				3. Mailing Address <b>P.O. Box 10789</b> Suite, Apt. #, etc.			
City & State <b>Pensacola FL</b>				City & State <b>Pensacola FL</b>			
Zip <b>32502</b>		Country <b>USA</b>		Zip <b>32524</b>		Country <b>USA</b>	
4. FEI Number <b>63-1130472</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/04) <span style="float: right;">JR</span>			
6. Name and Address of Current Registered Agent  <b>PANYKO, JOHN A</b> <b>200 S. TARRAGONA</b> <b>PENSACOLA FL 32501</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
<b>FILE NOW: FEE IS \$61.25</b> <input checked="" type="checkbox"/> <b>Due By May 1, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEE, JAMES III</b> <input type="checkbox"/> Delete <b>111 OXMOOR RD</b> <b>BIRMINGHAM AL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Delete <b>REDDINGER, JAMES M</b> <b>111. OXMOOR RD</b> <b>BIRMINGHAM AL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <input type="checkbox"/> Delete <b>BARKER, ROGER</b> <b>111 OXMOOR RD</b> <b>BIRMINGHAM AL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900046658669</b> <b>02/15/05--01058--005 **125.00-</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>GARCIA, PHIL</b> <b>25 W CEDAR ST, STE 510</b> <b>PENSACOLA FL 32501</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Foundation Vice President</b> <b>200 S. Barracks ST Suite 210</b> <b>Pensacola FL 32502</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <i>Phil Garcia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1/26/05</b> <b>850-438-7700</b> <small>Date Daytime Phone #</small>			