

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006518

FILED
Apr 23, 2008
Secretary of State

Entity Name: THE TRAVELERS OF PENSACOLA, INCORPORATED

Current Principal Place of Business:

940 RUSTIC LANE
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

940 RUSTIC LANE
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: 59-3488813 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNAL, BENITO
940 RUSTIC LANE
PENSACOLA, FL 32506 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: P () Delete
Name: LOJO, CHICO M
Address: 2202 NORTH 61ST AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: V () Delete
Name: SANGO, MAR
Address: 2613 SHERMAN AVENUE
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: COSTA, MORRIS
Address: 1964 DUNLAP STREET
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: CABRERA, FERDINAND
Address: 10766 CROSSCUT DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: DACPANO, PERFECTO
Address: 434 SO 72ND AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: T () Delete
Name: LOJO, CHICO M
Address: 2202 NORTH 61ST AVENUE
City-St-Zip: PENSACOLA, FL 32506

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:

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: LOJO, CHICO

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date