

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004559

FILED
May 15, 2009
Secretary of State

Entity Name: WEST FLORIDA AIKIKAI, INC.

Current Principal Place of Business:

2447 EXECUTIVE PLAZA DR
SUITE 5
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

2447 EXECUTIVE PLAZA DR
SUITE 5
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3575200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, RICHARD W
502 E PARK AVE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: BYERS, JOSEPH E JR.
Address: 208 DWIGHT AVE
City-St-Zip: PENSACOLA, FL 32507 US

Title: D () Delete
Name: MEYERS, DOUG
Address: 4860 LACOSA CIRCLE
City-St-Zip: PACE, FL 32571 US

Title: D () Delete
Name: CALHOUN, FRANK
Address: 5490 FLAX RD
City-St-Zip: PENSACOLA, FL 32504 US

Title: VD () Delete
Name: MEAD, GEORGE
Address: 3700 POTOSI RD
City-St-Zip: PENSACOLA, FL 32503 US

Title: D () Delete
Name: BYERS, ANGELIA
Address: 208 DWIGHT AVE
City-St-Zip: PENSACOLA, FL 32507 US

Title: D () Delete
Name: HEATH, PATRICIA
Address: 3450 GERBAUD PLACE
City-St-Zip: PENSACOLA, FL 32503 US

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: ANGELIA BYERS

D

05/15/2009

Electronic Signature of Signing Officer or Director

Date