

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90130 041 \*\*\*\*61.25

**DOCUMENT # N99000000585**

1. Entity Name  
**ELLYSON INDUSTRIAL PARK ASSOCIATION, INC.**



Principal Place of Business  
**3311 COPTER ROAD  
PENSACOLA, FL 32514**

Mailing Address  
**3311 COPTER ROAD  
PENSACOLA, FL 32514**

2. Principal Place of Business - No P.O. Box #

**3000 COPTER ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**3000 COPTER ROAD**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL**

City & State

**PENSACOLA, FL**

Zip

**32514-7052**

Country

**USA**

Zip

**32514-7052**

Country

**USA**

07102007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59-1378561**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHELL, STEPHEN B  
SEVILLE TOWER, NINTH FLOOR  
226 PALAFOX PLACE  
PENSACOLA, FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VCD** ☐ Delete  
NAME **CRONLEY, JAMES D**  
STREET ADDRESS **1401 EAST BELMONT STREET**  
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **CD** ☐ Delete  
NAME **YEAKLE, RON**  
STREET ADDRESS **8781 PAUL STARR DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **TD** ☐ Delete  
NAME **BURGESS, STEVE**  
STREET ADDRESS **P.O. BOX 15311**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **SD** ☐ Delete  
NAME **LOFTIN, TAYLOR**  
STREET ADDRESS **P.O. BOX 10003**  
CITY-ST-ZIP **PENSACOLA, FL 32524**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** *Stephen A. Burgess* **Stephen A. Burgess** **7-13-07** **850-969-3334**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #