

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001051

FILED
Mar 30, 2009
Secretary of State

Entity Name: PENSACOLA ASSOCIATION OF THE DEAF, INC.

Current Principal Place of Business:

4615 B LOWERY ROAD
MILTON, FL 32583 US

New Principal Place of Business:

3072 EAST OLIVE ROAD
PENSACOLA, FL 32514 US

Current Mailing Address:

P.O. BOX 9153
PENSACOLA, FL 32513 US

New Mailing Address:

FEI Number: 26-1686681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W ROMANA STREET
SUITE 800
PENSACOLA, FL 32502 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: HOFFMAN, AVIS
Address: 4615 B LOWERY ROAD
City-St-Zip: MILTON, FL 32583 US

Title: VP () Delete
Name: COX, DONNIE
Address: 6827 STONEHENGE CIRCLE
City-St-Zip: PENSACOLA, FL 32506 US

Title: S () Delete
Name: PETERSON, AMY
Address: 8499 MELIACEAE DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

Title: T () Delete
Name: COX, ERIN
Address: 6827 STONEHENGE CIRCLE
City-St-Zip: PENSACOLA, FL 32506 US

Title: D (X) Delete
Name: PETERSON, JIMMY
Address: 8499 MELIACEAE DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TIFT, DIANA
Address: 3072 EAST OLIVE RD
City-St-Zip: PENSACOLA, FL 32514 US

Title: VP (X) Change () Addition
Name: CLECKLER, BOBBY
Address: PO BOX 3406
City-St-Zip: MILTON, FL 32572 US

Title: S (X) Change () Addition
Name: CLECKLER, LAURA
Address: 5570 KINGERY ROAD
City-St-Zip: MILTON, FL 32570 US

Title: T (X) Change () Addition
Name: PITTMAN, PEGGY
Address: 4001 SCOTTSDALE AVENUE
City-St-Zip: PACE, FL 32570 US

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: DIANA TIFT

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date