

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001051

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** PENSACOLA ASSOCIATION OF THE DEAF, INC.

**Current Principal Place of Business:**

6478 OUTER DRIVE  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11785  
PENSACOLA, FL 32524 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:**

JACKSON, MONA  
376 W. CHASE ST  
PENSACOLA, FL 32504 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  
**Name:** CLECKLER, BOBBY R JR  
**Address:** 6478 OUTER DRIVE  
**City-St-Zip:** MILTON, FL 32570 US

**Title:** VP  
**Name:** SHIVER, JOHN  
**Address:** 10 PAUL STREET  
**City-St-Zip:** PENSACOLA, FL 32503 US

**Title:** S  
**Name:** CLECKLER, LAURA  
**Address:** 5570 KINGERY ROAD  
**City-St-Zip:** MILTON, FL 32570 US

**Title:** T  
**Name:** PITTMAN, PEGGY  
**Address:** 4001 SCOTTSDALE AVENUE  
**City-St-Zip:** PACE, FL 32570 US

I hereby 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 all other like empowered.

**SIGNATURE:** BOBBY R CLECKLER, JR

PRES

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date