

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90020 014 ****70.00

DOCUMENT # N99000003965

1. Entity Name
**I.P. PENSACOLA EMPLOYEES SCHOLARSHIP
FOUNDATION, INC.**



Principal Place of Business
**375 MUSCOGEE RD.
CANTONMENT, FL 32533**

Mailing Address
**375 MUSCOGEE RD.
CANTONMENT, FL 32533**

54063924



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3585082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, BRENDA CHERYL
375 MUSCOGEE RD.
CANTONMENT, FL 32533**

Name

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

City

FL

Zip Code

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

Brenda C. Johnson
Brenda Cheryl Johnson

(NOTE: Registered Agent signature required when reinstating)

7/2/04

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME **LANG, SANDRA J**
STREET ADDRESS **P.O. BOX 87 N/A**
CITY-ST-ZIP **CANTONMENT, FL 32533**

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

TITLE VD ☐ Delete
NAME **HERRINGTON, DUDLEY C**
STREET ADDRESS **P.O. BOX 87 N/A**
CITY-ST-ZIP **CANTONMENT, FL 32533**

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

TITLE SD ☒ Delete
NAME **NALL, MICHAEL C**
STREET ADDRESS **P.O. BOX 87 N/A**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE SD ☒ Change ☐ Addition
NAME **Prescott, Jeff**
STREET ADDRESS **P.O. Box 87**
CITY-ST-ZIP **Cantonment, FL 32533**

TITLE TD ☐ Delete
NAME **BEARDSLEY, WILLIAM M**
STREET ADDRESS **P.O. BOX 87 N/A**
CITY-ST-ZIP **CANTONMENT, FL 32533**

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

TITLE D ☒ Delete
NAME **BAKER, C. L.**
STREET ADDRESS **PO BOX 87**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE D ☒ Change ☐ Addition
NAME **Geyer, Gary**
STREET ADDRESS **P.O. Box 87**
CITY-ST-ZIP **Cantonment, FL 32533**

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(i), 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:

Sandra J. Lang
Sandra J. Lang, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04

DATE

850-968-3036

DAYTIME PHONE #