


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003965 1. Entity Name I.P. PENSACOLA EMPLOYEES SCHOLARSHIP FOUNDATION, INC.	
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Principal Place of Business 375 MUSCOGEE RD. CANTONMENT, FL 32533	Mailing Address 375 MUSCOGEE RD. CANTONMENT, FL 32533
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02282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, BRENDA CHERYL 375 MUSCOGEE RD. CANTONMENT, FL 32533

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MILLS, HEATHER PO BOX 87 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRINGTON, DUDLEY C P.O. BOX 87 N/A CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESCOTT, JEFF P.O. BOX 87 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEARDSLEY, WILLIAM M P.O. BOX 87 N/A CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEYER, GARY PO BOX 87 CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000470196
03/28/06-80004-018 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Heather D. Mills HEATHER D. MILLS 3/3/06 850-968-4203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone