2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003965

FILED Mar 26, 2009 Secretary of State

Entity Name: I.P. PENSACOLA EMPLOYEES SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

375 MUSCOGEE RD. CANTONMENT, FL 32533

Current Mailing Address: New Mailing Address:

375 MUSCOGEE RD. CANTONMENT, FL 32533

FEI Number: 59-3585082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: BRENDA CHERYL JOHNSON 03/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD () Delete Title: VD (X) Change () Addition

 Name:
 LEE, BILL
 Name:
 LEE, BILL

 Address:
 P.O. BOX 87 N/A
 Address:
 375 MUSCOGEE ROAD

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 CANTONMENT, FL 32533

 Name:
 CARR, RONALD A
 Name:
 CARR, RONALD A

 Address:
 P.O. BOX 87
 Address:
 375 MUSCOGEE ROAD

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 CANTONMENT, FL 32533

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BEARDSLEY, WILLIAM M
 Name:
 BEARDSLEY, WILLIAM M

 Address:
 P.O. BOX 87 N/A
 Address:
 375 MUSCOGEE ROAD

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 CANTONMENT, FL 32533

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GEYER, GARY
 Name:
 FORD, WILLIAM

 Address:
 PO BOX 87
 Address:
 375 MUSCOGEE ROAD

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 CANTONMENT, FL 32533

Name:LIVINSTON, JOHNName:LIVINGSTON, JOHNAddress:POB 87Address:375 MUSCOGEE ROADCity-St-Zip:CANTONMENT, FL 32533City-St-Zip:CANTONMENT, FL 32533

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: JOHN LIVINGSTON PD 03/26/2009