## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N99000004961**

1. Entity Name

THE DISTRICT BOARD OF TRUSTEES OF THE PENSACOLA DISTRICT OF THE ALABAMA - WEST FLORIDA CONFERENC



FILED Mar 14, 2008 08:00 A Secretary of State

Principal Place of Business

902 E. JACKSON ST. PENSACOLA, FL 32501 Mailing Address

POST OFFICE BOX 2727 PENSACOLA, FL 32513-2727



03072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANCHORS, C. LEDON 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH, FL 32547

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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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								
Signature, typed or prinled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ     Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANCHORS, C. LEDON 909 MAR WALT DRIVE, STE 1014 FT WALTON BEACH, FL 32547				U00000858623 04/01/08-80053-016 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCINNIS, C. JEFFREY 909 MAR WALT DRIVE, STE 104 FT. WALTON BEACH, FL 32547							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Fiorida 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 information 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 addyess, with all affect like empowered.								