

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013334

Entity Name: PENSACOLA'S FINEST FOUNDATION, INC.**Current Principal Place of Business:**711 N. HAYNE STREET
PENSACOLA, FL 32501**Current Mailing Address:**P.O. BOX 1743
PENSACOLA, FL 32591-1743 US**FEI Number: 88-1532412****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS A. HUFF
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	JEFF ROGERS
Address	4410 LA JOLLA DR
City-State-Zip:	PENSACOLA FL 32504

Title	DIRECTOR
Name	DAVIS, DANIEL STEPHEN
Address	2932 SUNDANCE LANE
City-State-Zip:	CANTONMENT FL 32522

Title	VP
Name	HANTO, DONALD
Address	3601 N. PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32505

Title	DIRECTOR
Name	CARLSTROM, HANK
Address	10104 BITTERN DRIVE
City-State-Zip:	PENSACOLA FL 32507

Title	TREASURER
Name	WARREN, SCOTT
Address	350 W. CEDAR STREET SUITE 400
City-State-Zip:	PENSACOLA FL 32502

Title	SECRETARY
Name	DULL, BRITNEY
Address	1021 SCENIC HIGHWAY
City-State-Zip:	PENSACOLA FL 32503

Title	DIRECTOR
Name	LUSKO, M. JUSTIN
Address	316 S. BAYLEN STREET
City-State-Zip:	PENSACOLA FL 32501

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: JUSTIN LUSKO**02/10/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date