

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003965

Entity Name: I.P. PENSACOLA EMPLOYEES SCHOLARSHIP FOUNDATION, INC.**FILED**
Mar 31, 2021
Secretary of State
9438936835CC**Current Principal Place of Business:**375 MUSCOGEE RD.
CANTONMENT, FL 32533**Current Mailing Address:**375 MUSCOGEE RD.
CANTONMENT, FL 32533**FEI Number: 59-3585082****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JOHNSON, BRENDA CHERYL MRS.
375 MUSCOGEE RD.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VD
Name DOLIHTE, STEVEN
Address 375 MUSCOGEE ROAD
City-State-Zip: CANTONMENT FL 32533Title SD
Name KRISMAN, KARL
Address 375 MUSCOGEE RD.
City-State-Zip: CANTONMENT FL 32533Title TD
Name SHELTON, MARLON
Address 375 MUSCOGEE RD.
City-State-Zip: CANTONMENT FL 32533Title D
Name BANKS, JOHNNY
Address 375 MUSCOGEE ROAD
City-State-Zip: CANTONMENT FL 32533Title PD
Name OSBORNE, LAURA L MRS
Address 375 MUSCOGEE ROAD
City-State-Zip: CANTONMENT FL 32533

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: LAURA OSBORNE**PRESIDENT****03/31/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date