

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003965

Entity Name: I.P. PENSACOLA EMPLOYEES SCHOLARSHIP FOUNDATION, INC.**FILED**
Mar 10, 2022
Secretary of State
9067257075CC**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 32533

Title	SD
Name	LISENBY, SAMUEL
Address	375 MUSCOGEE RD.
City-State-Zip:	CANTONMENT FL 32533

Title	TD
Name	SHELTON, MARLON
Address	375 MUSCOGEE RD.
City-State-Zip:	CANTONMENT FL 32533

Title	D
Name	BANKS, JOHNNY
Address	375 MUSCOGEE ROAD
City-State-Zip:	CANTONMENT FL 32533

Title	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****03/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date