

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006585

**Entity Name:** THE E5 CENTER, INC.

**Current Principal Place of Business:**

733 MOYE LN  
PENSACOLA, FL 32514

**Current Mailing Address:**

733 MOYE LANE  
PENSACOLA, FL 32514

**FEI Number:** 30-0639978

**Certificate of Status Desired:** No

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

SNOW, FELICIA  
733 MOYE LANE  
PENSACOLA, FL 32514 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 P  
Name JONES, TERRENCE SR  
Address 214 CLEARFIELD DR  
City-State-Zip: CANTONMENT FL 32533

Title VP  
Name DIXON, STEVEN  
Address 3436 NATHERLY DR  
City-State-Zip: PENSACOLA FL 32526

Title T  
Name GULLEY, BRUCE  
Address 7335 DUMONDE DR  
City-State-Zip: PENSACOLA FL 32501

Title S  
Name PIERCE, LYNN  
Address 1780 CONDOR DR  
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:** LYNN PIERCE

**SECRETARY**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date