2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90325 025 ****70.00

DOCUMENT # 767079

1. Entity Name
PERDIDO BAY YOUTH SPORTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13705 SORRENTO RD PENSACOLA, FL 32507	P.O. BOX 34060 PENSACOLA, FL 32507

04262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3395400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEMP, MARK E 1504 NAVAHO COURT PENSACOLA, FL 32507	Name Street Address (P.O. Box Number is Not Acceptable) SAME City **FL** Zip Code

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 printed 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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEMP, MARK E 1504 NAVAHO CT PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT BARRIOS, BRUCE G 15 GENOA PL PENSACOLA, FL 32507
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBINSON, CHRIS 745 MARLIN'S PIKE PENSACOLA, FL 32506	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT BELL, ROBERT 3880 BAUER RD PENSACOLA, FL 32506
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARTH, FRED 7166 SHARP REEF PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LENENBERGER, SUSAN 1973 MERLIN RD PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESKEW, LINDIE 11041 TANTONE LANE PENSACOLA, FL 32506	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY WELCH, PATRICIA 16784 PERDIDO KEY DR PENSACOLA, FL 32507
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PR MCCLELLAN, PAT 5939 N.BAY POINT DR PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 empowered 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 address, with all other like empowered.

SIGNATURE: Bruce Barrios 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~KEMP, MARK E~~ ~~1504 NAVAHO CT~~ ~~PENSACOLA, FL 32507~~	☑ Delete	DIRECTOR CICERO, DEBBIE 1738 BEACHSIDE DR PENSACOLA, FL 32506	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~ROBINSON, CHRIS~~ ~~745 MARLIN'S PIKE~~ ~~PENSACOLA, FL 32506~~	☐ Delete	DIRECTOR TUTTLE, JAMES 617 GARDENVIEW COURT PENSACOLA, FL 32506	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~GARTH, FRED~~ ~~7166 SHARP REEF~~ ~~PENSACOLA, FL 32507~~	☐ Delete	DIRECTOR VICE, TAMMY 1039 OAKVIEW DR. PENSACOLA, FL 32506	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~LENENBERGER, SUSAN~~ ~~1973 MERLIN RD~~ ~~PENSACOLA, FL 32507~~	☐ Delete	DIRECTOR PUTRELL, JIM 6004 CHANDELL DR. PENSACOLA, FL 32507	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~ESKEW, LINDIE~~ ~~11041 TANTONE LANE~~ ~~PENSACOLA, FL 32506~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PR ~~MCCLELLAN, PAT~~ ~~5939 N BAY POINT DR~~ ~~PENSACOLA, FL 32507~~	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 empowered 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 address, with all other like empowered.

SIGNATURE: Bruce Barnes 4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 710079
140137827

Page 2 of Box 11