2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

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

04032007 No Chg-NP CR2E037 (4/06)

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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

KEMP, MARK E
1504 NAVAHO COURT
PENSACOLA, FL 32507

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARRIOS, BRUCE G
STREET ADDRESS	15 GENOA PL
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VD
NAME	TINDELL, JOHN
STREET ADDRESS	3429 BOWKER DR
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D
NAME	GARTH, FRED
STREET ADDRESS	7166 SHARP REEF
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	TD
NAME	KEMP, MARK
STREET ADDRESS	1504 NAVAHO CT
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	SD
NAME	GARVIN, ELANA
STREET ADDRESS	1734 BEACHSIDE DR
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000691937
04/13/07-80030-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M E Kemp Mark E Kemp 4/3/07 (850)438-4679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #