

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17386** (6)
1. Corporation Name
YOUTH ASSOCIATION OF NORTHEAST PENSACOLA, INC.



Principal Place of Business 555 E NINE MILE ROAD 4670 ANCHOR LANE PENSACOLA FL 32534 US	Mailing Address P O BOX 7033 4670 ANCHOR LANE PENSACOLA FL 32534-0033 US
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3. Date Incorporated or Qualified 10/17/1986	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2929420 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SUTHERLAND, STEPHEN E. 4670 ANCHOR LANE PENSACOLA FL 32514	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MATHER, C.E. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD ROBERT DOSS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8640 KLONDIKE ROAD	1.2 NAME	9911 HUNTSMAN PATH
STREET ADDRESS	PENSACOLA FL	1.3 STREET ADDRESS	PENSACOLA FL. 32514
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ANDREWS, LARRY <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	11560 HAVEN WOOD RD	2.2 NAME	
STREET ADDRESS	PENSACOLA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SHIRLEY, EDWIN <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	1472 STEFANI CIRCLE	3.2 NAME	
STREET ADDRESS	PENSACOLA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD HOWELL, DAVID <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	1450 STEFANI CIRCLE	4.2 NAME	
STREET ADDRESS	CANTONMENT FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD BONIFAY, JANDY <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	238 LESTARBOARD DR	5.2 NAME	
STREET ADDRESS	PENSACOLA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D MIKE MYERS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	513 NORTHCREEK DR.
STREET ADDRESS		6.3 STREET ADDRESS	PENSACOLA, FL. 32514
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mike Myers* **MIKE MYERS** 4-28-97 904-416-7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073381

CR2E037 (9/96)