

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90040 040 \*\*\*\*70.00

<b>DOCUMENT # N17386</b>					
1. Entity Name YOUTH ASSOCIATION OF NORTHEAST PENSACOLA, INC.					
Principal Place of Business 555 E NINE MILE ROAD PENSACOLA, FL 32534 US			Mailing Address P O BOX 7033 PENSACOLA, FL 32534 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	08222007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2929420				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNES, JERRI 701 NOWAK ROAD CANTONMENT, FL 32533			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	Shane Milstead PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BILLY		NAME		
STREET ADDRESS	118 COUNTRI LN		STREET ADDRESS	17160 Fort Deposit	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pensacola, FL 32526	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JERRI		NAME		
STREET ADDRESS	701 NOWAK ROAD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, MICHELLE		NAME	Diana Kimberly Helton	
STREET ADDRESS	1520 WATER OAKS TRAIL		STREET ADDRESS	10151 Candlestick Lane	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, SHEILA		NAME	Sonia Lorraine Palmer	
STREET ADDRESS	1013 BRANDERMILL DRIVE		STREET ADDRESS	214 Etta Street	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNINGS, LEE		NAME	Richard Wayne Potter	
STREET ADDRESS	1490 GOLDENROD RD		STREET ADDRESS	1006 Big Oak Lane	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Jerr Barnes</u>		Date: <u>8/29/07</u>		Daytime Phone #: <u>850-430-0160</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Jerr Barnes