

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004505

**FILED**  
**Jun 28, 2017**  
**Secretary of State**  
**CC3574220092**

**Entity Name:** PENSACOLA YOUNG PROFESSIONALS, INC.

**Current Principal Place of Business:**

321 N. DEVILLIERS STREET  
SUITE 218  
PENSACOLA, FL 32502

**Current Mailing Address:**

321 N. DEVILLIERS STREET  
SUITE 218  
PENSACOLA, FL 32502 US

**FEI Number:** 20-4757674

**Certificate of Status Desired:** No

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

ARGANBRIGHT, AMANDA R  
321 N. DEVILLIERS STREET  
SUITE 218  
PENSACOLA, FL 32502 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:** AMANDA ARGANBRIGHT

06/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICH, MEGAN  
Address        321 N. DEVILLIERS STREET  
                  SUITE 218  
City-State-Zip: PENSACOLA FL 32502

Title            PAST PRESIDENT  
Name            SIMMONS, TAYLOR  
Address        321 N. DEVILLIERS STREET  
                  SUITE 218  
City-State-Zip: PENSACOLA FL 32502

Title            T  
Name            ANDRADE, JESSICA  
Address        321 N. DEVILLIERS STREET  
                  SUITE 218  
City-State-Zip: PENSACOLA FL 32502

Title            PRESIDENT ELECT  
Name            BURKE, MEG  
Address        321 N DEVILLIERS ST  
City-State-Zip: PENSACOLA FL 32502

Title            OPERATIONS MANAGER  
Name            ARGANBRIGHT, AMANDA  
Address        321 N DEVILLIERS ST  
City-State-Zip: PENSACOLA FL 32502

*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:** AMANDA ARGANBRIGHT

**OPERATIONS MANAGER**    06/28/2017

Electronic Signature of Signing Officer/Director Detail

Date