

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000011286

Entity Name: SHAPE ESCAMBIA - SOCIETY OF HEALTH AND PHYSICAL EDUCATORS, INC.**Current Principal Place of Business:**151 E. FAIRFIELD DR
PENSACOLA, FL 32503**Current Mailing Address:**151 E. FAIRFIELD DR
PENSACOLA, FL 32503 UN**FEI Number: 84-3521104****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANIS, CASANDRA WALLER
151 E. FAIRFIELD DR
PENSACOLA, FL 32503 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:** CASANDRA MANIS

01/31/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MANIS, CASANDRA WALLER
Address	151 E. FAIRFIELD DR
City-State-Zip:	PENSACOLA 32503

Title	DIR
Name	BUTLER, CHERYL
Address	5640 HILLTOP RD
City-State-Zip:	PENSACOLA FL 32504

Title	TREA
Name	GUSTAFSON, CARMEN
Address	151 E. FAIRFIELD DR
City-State-Zip:	PENSACOLA FL 32503

Title	DIR
Name	SUTHERLAND, CHARMAIN
Address	11000 UNIVERSITY PKWY BLDG 72 OFFICE 256
City-State-Zip:	PENSACOLA FL 32514

Title	DIR
Name	WILLIAMS, ZARIA
Address	407 N. COYLE ST
City-State-Zip:	PENSACOLA FL 32501

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: CASANDRA MANIS

PRESIDENT

01/31/2020

Electronic Signature of Signing Officer/Director Detail

Date