

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90077 046 \*\*\*\*61.25

**DOCUMENT # 744268-**

1. Entity Name

BELLVIEW YOUTH ASSOCIATION, INC.



Principal Place of Business

LONGLEAF DR  
90 LONGLEAF DR, PACKER PARKWAY  
PENSACOLA FL 32526  
US

Mailing Address

LONG LEAF DRIVE  
PO BOX 37038  
PENSACOLA FL 32526-0038



2. Principal Place of Business

3. Mailing Address

2nd MOORE CR2E037 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
10-0111700

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JACK  
7420 GUNTER RD  
PENSACOLA FL 32526

Name

MARC Dinkins

Street Address (P.O. Box Number is Not Acceptable)

3240 massena Dr

Pensacola

City

FL

FL

Zip Code

32526

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

MARC Dinkins

Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*

NOTE: Registered Agent signature required when reappointing

8/14/06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUES, JACK	
STREET ADDRESS	7420 GUNTER RD	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRONKO, DAN	
STREET ADDRESS	6070 YELLOW ROSE DR	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAKER, MICHELLE	
STREET ADDRESS	5830 SCOTLAND RD	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAULSEN, MIKE	
STREET ADDRESS	9550 PINE CONE DR.	
CITY - ST - ZIP	CANTONMENT FL 32533	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDSAY, RICHARD	
STREET ADDRESS	2329 WINDSTONE DR	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLES, TOMMY	
STREET ADDRESS	7033 PLANK RD	
CITY - ST - ZIP	PENSACOLA FL 32526	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC Dinkins	
STREET ADDRESS	3240 massena Dr	
CITY - ST - ZIP	Pensacola FL 32526	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Kuhl	
STREET ADDRESS	1118 Clearwood Rd	
CITY - ST - ZIP	Pensacola FL 32526	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Kuhl	
STREET ADDRESS	1118 Clearwood Rd	
CITY - ST - ZIP	Pensacola FL 32526	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Hammac	
STREET ADDRESS	1615 Old Hickory Dr	
CITY - ST - ZIP	Pensacola FL 32507	
TITLE	Ladies Auxiliary Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle Baker	
STREET ADDRESS	5830 Scotland Rd	
CITY - ST - ZIP	Pensacola FL 32526	
TITLE	Ladies Auxiliary Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Toward	
STREET ADDRESS	402 Rons way	
CITY - ST - ZIP	Pensacola FL 32506	

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 authority like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/06

Date

Daytime Phone #