

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90161 001 ****61.25

DOCUMENT # 760263

1. Entity Name

PENSACOLA SPECIAL STEPPERS, INC.



Principal Place of Business

**BAYVIEW COMMUNITY CEN.
20TH & LLOYD STREETS
PENSACOLA FL 32503
US**

Mailing Address

**C/O TERRY KELLEN
P.O. BOX 11313
PENSACOLA FL 32524-3252
4S**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2145881**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHERRY FRANK
257 MAN-O-WAR CIRCLE
CANTONMENT FL 32533**

7. Name and Address of New Registered Agent

Name
Cherry, Frank G.
Street Address (P.O. Box Number is Not Acceptable)
412 Mayberry Street
Cantonment
City
FL Zip Code
32533

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CROWN, MARIE**
CITY-ST-ZIP **8 BESMA DRIVE
PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **FAULKENBERRY, BARBARA**
CITY-ST-ZIP **3492 MAI KAI DR
PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MCLIN, MARY**
CITY-ST-ZIP **942 FAIRWAY DR.
PENSACOLA FL 32506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AD**
STREET ADDRESS **CHERRY, FRANK G**
CITY-ST-ZIP **412 MAYBERRY STREET
CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **FTT**
STREET ADDRESS **KELLEN, TERRY**
CITY-ST-ZIP **3945 HIDDEN OAK DRIVE
PENSACOLA FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Terry Kellen

Terry Kellen

2/3/03

850-477-5946

CR2E037 (10/02)