**FILED** 

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

## Apr 14, 2003 8:00 am § Secretary of State DOCUMENT # 764268 04-14-2003 90757 012 \*\*\*\*61.25 1. Entity Name PENSACOLA-WESTWOOD HOMES DEVELOPMENT CORPORATION , INC. Principal Place of Business Mailing Address AREA HONSING COMMISSION AREA HONSING COMMISSION P O BOX 18370 P O BOX 18370 PENSACOLA FL 32523 PENSACOLA FL 32523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-6001285 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, JOSEPH M. Street Address (P.O. Box Number is Not Acceptable) 1920 WEST GARDEN STREET PENSACOLA FL 32501 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SDT ☐ Addition TITLE ☐ Delete TITLE ROGERS, JOSEPH M NAME 1920 West Garden Street STREET ADDRESS 1020 WEST GARDEN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 TITLE ☐ Delete TITI F Change ☐ Addition Dolores Gurry NAME TOMBLIN, JUANITA NAME STREET ADDRESS STREET ADDRESS 1920 W. GARDEN ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 TITLE ☐ Addition TITLE ☐ Delete JUNIOR, WILLIE NAME NAME STREET ADDRESS STREET ADDRESS 1920 W. GARDEN ST. CITY ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change 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 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

Addition