2006 NOT-FOR-PROFIT CORPORATION

May 04, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N05000010986 05-04-2006 90205 012 ****70.00 PENSACOLA YOUTH STEEL ORCHESTRA, INC. Mailing Address Principal Place of Business 5503 CHARBAR DR % FIRST UNITED METHODIST CHURCH PENSACOLA, FL 32526 **6 EAST WRIGHT STREET** PENSACOLA, FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 CR2E037 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ..., 3 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, DEBORAH W -Street Address (P.O. Box Number is Not Acceptable) 5503 CHARBAR DR PENSACOLA, FL 32526 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE FOSTER, HAROLD NAME NAME 5503 CHARBAR DR STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-ZIP CITY-ST-ZIE SEC ☐ Delete ☐ Change TITLE ☐ Addition DIXON, BRIANA NAME NAME STREET ADDRESS 5503 CHARBAR DR STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-7IP CITY-ST-ZIP Defete TITLE TITLE FOSTER, DEBORAH W NAME NAME 5503 CHARBAR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32526 ☐ Delete TITLE 🔲 Change 👵 🔲 Addition Committee and NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change aut. Addition TITLE Delete TITLE 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 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 charged, or on an attachment with an address, with all other like empowered.

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