FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17386 (6)

1. Corporation Name
YOUTH ASSOCIATION OF NORTHEAST PENSACOLA, INC.

Principal Place of Business	Mailing Address
9461 GURDY LN 4670 ANCHOR LANE PENSACOLA FL 32514 US	P O BOX 7033 4670 ANCHOR LANE PENSACOLA FL 32534 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2929420 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 555 East Nine Mile Road	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pensacola, FL	28 City & State
24 Zip: 32534 25 Country: US	29 Zip 30 Country

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUTHERLAND, STEPHEN E.
4670 ANCHOR LANE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, KEITH	1.2 NAME	
STREET ADDRESS	10162 SUGAR CREEK CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	ANDREWS, LARRY	2.2 NAME	
STREET ADDRESS	11560 HAVEN WOOD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	TABER, TERRY	3.2 NAME	
STREET ADDRESS	8755 JERNIGAN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	HOWELL, DAVID	4.2 NAME	
STREET ADDRESS	1450 STEFANI CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	SD	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	SUMMERFORD, NEAL	5.2 NAME	Lenora Motley
STREET ADDRESS	11417 HIGH SPRINGS RD	5.3 STREET ADDRESS	8211 Spicewood Road
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith M. Williams Keith M. Williams 4/24/95 (904) 968-4266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607A07