

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90281 044 ****61.25

DOCUMENT # N17386

1. Corporation Name

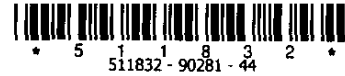
YOUTH ASSOCIATION OF NORTHEAST PENSACOLA, INC.

Principal Place of Business

555 E NINE MILE ROAD
4670 ANCHOR LANE
PENSACOLA FL 32534
US

Mailing Address

P O BOX 7033
4670 ANCHOR LANE
PENSACOLA FL 32534
US



2. Principal Place of Business

21 555 E. NINE MILE ROAD

2a. Mailing Address

26 P.O. Box 7033

3. Date Incorporated or Qualified

10/17/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2929420

Applied For

Not Applicable

City & State

23 PENSACOLA FL

City & State

28 PENSACOLA FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 32534 25

Zip Country

29 32534 30

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME DOSS, ROBERT
STREET ADDRESS 9911 HUNTSMAN PATH
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☒ DELETE
NAME ANDREWS, LARRY
STREET ADDRESS 11560 HAVEN WOOD RD
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE
NAME SHIRLEY, EDWIN
STREET ADDRESS 1472 STEFANI CIRCLE
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☒ DELETE
NAME HOWELL, DAVID
STREET ADDRESS 1450 STEFANI CIRCLE
CITY-ST-ZIP CANTONMENT FL

TITLE SD ☐ DELETE
NAME JUNOT, SUSAN
STREET ADDRESS 2113 ST. ANDREWS DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☒ DELETE
NAME MYERS, MIKE
STREET ADDRESS 513 NORTHCREEK DR
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 805 Westmoreland Lane
1.4 CITY-ST-ZIP Cantonment, FL 32533

2.1 TITLE PRESIDENT, DIRECTOR ☐ Change ☒ Addition
2.2 NAME MICHAEL DOSS
2.3 STREET ADDRESS 2102 Foxford St
2.4 CITY-ST-ZIP CANTONMENT, FL 32533

3.1 TITLE TREASURER, DIRECTOR ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Michael Doss REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)