

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90168 050 ****70.00

DOCUMENT # N17386

1. Entity Name

YOUTH ASSOCIATION OF NORTHEAST PENSACOLA, INC.



Principal Place of Business

**555 E NINE MILE ROAD
PENSACOLA FL 32534
US**

Mailing Address

**P O BOX 7033
PENSACOLA FL 32534
US**

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 **59-2929420**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, JERRI
10641 TARA DAWN CIRCLE
PENSACOLA FL 32534**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jeri Barnes

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

(NOTE: Registered Agent signature required when reinstating)

5/20/03

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	PD	<input type="checkbox"/> Delete
NAME	SMITH, BILLY	
STREET ADDRESS	5030 SERRY LANE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, DOUG	
STREET ADDRESS	7543 LAKESIDE DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, JERRI	
STREET ADDRESS	10641 TARA DAWN CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PAM	
STREET ADDRESS	613 BARDSTOWN STREET	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, JOAN	
STREET ADDRESS	11562 DUELING OAKS COURT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Halstead	
STREET ADDRESS	2610 Bellechristiane Circle	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Henry	
STREET ADDRESS	1520 Water Oaks Trail	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheila Howell	
STREET ADDRESS	1013 Brandermill Drive	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeri Barnes

Jeri Barnes

5/20/03

479-9602 x134

CR2E037 (10/02)