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Jun 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22245 (7)

1. Corporation Name

NORTHEAST PENSACOLA YOUTH FOOTBALL ASSOCIATION,
INC.

Principal Place of Business

POST OFFICE BOX 10434
PENSACOLA FL 32524

Mailing Address

POST OFFICE BOX 10434
PENSACOLA FL 32524-04343. Date Incorporated or Qualified
08/21/19873a. Date of Last Report
07/15/19964. FEI Number
59-2835188Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, MICHAEL
7845 LEGRANDE DRIVE
PENSACOLA FL 32514

81 Name VICKI L. CLIFFORD

82 Street Address (P.O. Box Number is Not Acceptable)
1800 Morningside Drive

83

84 City Pensacola

FL

85 Zip Code 32503

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 Vicki L. Clifford Vicki L. Clifford

4/13/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MARTIN, MICHAEL
STREET ADDRESS 7845 LEGRANDE DRIVE
CITY-ST-ZIP PENSACOLA FL 325141.1 TITLE PD President ☒ Change ☐ Addition
1.2 NAME Vicki L. Clifford
1.3 STREET ADDRESS 1800 Morningside Dr
1.4 CITY-ST-ZIP Pensacola FL 32503TITLE VD ☐ DELETE
NAME HARDY, KEN
STREET ADDRESS 2937 ROSA DEL VILLA
CITY-ST-ZIP GULF BREEZE FL 325612.1 TITLE VD Vice President ☒ Change ☐ Addition
2.2 NAME Michael Martin
2.3 STREET ADDRESS 7845 LeGrande Drive
2.4 CITY-ST-ZIP Pensacola FL 32514TITLE TD ☐ DELETE
NAME CLIFFORD, VICKY
STREET ADDRESS 1800 MORNINGSIDE DRIVE
CITY-ST-ZIP PENSACOLA FL 325143.1 TITLE TD Treasurer ☒ Change ☐ Addition
3.2 NAME Kim Martin Bradshaw
3.3 STREET ADDRESS 2960 Magnolia Avenue
3.4 CITY-ST-ZIP Pensacola FL 32503TITLE SD ☒ DELETE
NAME CHILES, LINDA
STREET ADDRESS 2445 CONNELL DRIVE
CITY-ST-ZIP PENSACOLA FL 325034.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME Matt Hartigan
4.3 STREET ADDRESS 1817 E. Lloyd St
4.4 CITY-ST-ZIP Pensacola FL 32503TITLE D ☐ DELETE
NAME BRADSHAW, KIM
STREET ADDRESS 2960 MAGNOLIA AVENUE
CITY-ST-ZIP PENSACOLA FL 325035.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Ken Hardy
5.3 STREET ADDRESS 2937 Rosa Del Villa Dr
5.4 CITY-ST-ZIP Gulf Breeze, FL 32561TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Vicki L. Clifford L. Clifford 4/13/97 (904) 469-0478

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073222

CR2E037 (9/96)