

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N22245

FILED  
Sep 12, 2002  
Secretary of State

**Entity Name:** NORTHEAST PENSACOLA YOUTH FOOTBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 10434  
PENSACOLA, FL 32524

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 10434  
PENSACOLA, FL 32524

**New Mailing Address:**

**FEI Number:** 59-2835188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHISLER, DAVID C  
935 FARMINGTON RD  
PENSACOLA, FL 32504

**Name and Address of New Registered Agent:**

ROGERS, VICKI TREASUE  
3620 SWANN LANE  
PENSACOLA, FL 32504

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.

SIGNATURE: VICKI ROGERS

09/12/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: ROGERS, VICKI  
Address: 3620 SWAN LANE  
City-St-Zip: PENSACOLA, FL 32504

Title: PD ( ) Delete  
Name: SCHISLER, DAVID C  
Address: 935 FARMINGTON RD  
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete  
Name: HARRIS, PATRICIA  
Address: 1240 MAURA ST  
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete  
Name: SMITH, TIM  
Address: 3711 TOM LANE  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: JAMES, JACKSON  
Address: 5601 SHERRILL, AVE  
City-St-Zip: PENSACOLA, FL 32504

Title: SD (X) Change ( ) Addition  
Name: CHAPMAN, ROBIN  
Address: 3400 EDINBOROUGH, CT.  
City-St-Zip: PENSACOLA, FL 32504

Title: VP (X) Change ( ) Addition  
Name: SUMMERLIN, KATHY  
Address: 2832 VILLAGER CIRCLE  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI ROGERS

TD

09/12/2002

Electronic Signature of Signing Officer or Director

Date