

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90093 050 ****61.25

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DOCUMENT # N22245

1. Entity 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

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 **59-2835188**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, VICKI TREASUE
3620 SWANN LANE
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

Name

Paiz, Sheila Treasue

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

5070 Leesway Teer

City

Pensacola

FL

Zip Code
32504

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

Sheila A Paiz

Sheila A. Paiz

8/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

TITLE **TD** ☒ Delete
NAME **ROGERS, VICKI**
STREET ADDRESS **3620 SWAN LANE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **PD** ☒ Delete
NAME **JAMES, JACKSON**
STREET ADDRESS **5601 SHERRILL, AVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **SD** ☒ Delete
NAME **CHAPMAN, ROBIN**
STREET ADDRESS **3400 EDINBOROUGH, CT.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VP** ☒ Delete
NAME **SUMMERLIN, KATHY**
STREET ADDRESS **2832 VILLAGER CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☐ Addition
NAME **Paiz, Sheila**
STREET ADDRESS **5070 Leesway Teer**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **PD** ☐ Change ☐ Addition
NAME **Tim Smith**
STREET ADDRESS **5486 Timber Creek Dr.**
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ Change ☐ Addition
NAME **Leah Pittman**
STREET ADDRESS **7232 Scenic Shores**
CITY-ST-ZIP **Milton, FL 32583**

TITLE ☐ Change ☐ Addition
NAME **Ralph Penn**
STREET ADDRESS **1203 Dunmore St**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ADRIAN R. ROQUIN

8/20/03

(850)477-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E037 (4/03)