

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 29 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43318 (7)
1. Corporation Name
NORTHWEST FLORIDA YOUTH ASSISTANCE PROGRAM, INC.

Principal Place of Business Mailing Address
PO BOX 13161 PENSACOLA FL 32591 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/06/1991** 3a. Date of Last Report **03/14/1994**
4. FEI Number **59-3066304** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.0332, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

**HICKS, LARRY K.
318 SO BAYLEN STR
STE 250
PENSACOLA FL 32501**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIVINGSTON, DAN
STREET ADDRESS	30 MAN A WAR CIR.
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	SPIWAK, RAND S.
STREET ADDRESS	4695 BAYWOODS DR
CITY - ST - ZIP	PENSACOLA FL
TITLE	D
NAME	BOOKER, PARHAM
STREET ADDRESS	2214 HAWTHORNE DR 1231 Northbrook
CITY - ST - ZIP	GULF BREEZE FL Pensacola, FL 32504
TITLE	President
NAME	Judy Work
STREET ADDRESS	1200 Ft. Pickens Rd., Apt 5-B
CITY - ST - ZIP	Pensacola Beach, FL 32561
TITLE	Secretary
NAME	Tom Bosworth
STREET ADDRESS	420 Dalphin St.
CITY - ST - ZIP	Gulf Breeze, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if named as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY K. HICKS

4/26/95

904-435-7400