

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N43318 (7)

1. Corporation Name
NORTHWEST FLORIDA YOUTH ASSISTANCE PROGRAM, INC.



Principal Place of Business PO BOX 13161 PENSACOLA FL 32591 US	Mailing Address PO BOX 13161 PENSACOLA FL 32591-3161 US
--	---

3. Date Incorporated or Qualified 05/06/1991	3a. Date of Last Report 04/01/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number 59-3066304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	WELCH, ABE	
STREET ADDRESS	711 UNDERWOOD AVE.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	
NAME	ROUSH, NETA	
STREET ADDRESS	4400 BAYOU BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	
NAME	BOOKER, PARHAM	
STREET ADDRESS	1231 NORTHBROOK	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	
NAME	WORK, JUDY	
STREET ADDRESS	1200 FT. PICKENS RD., APT 5-B	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE	S	
NAME	BOSWORTH, TOM	
STREET ADDRESS	420 DALPHIN ST.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	Treasurer		
1.2 NAME	Larry K. Hicks		
1.3 STREET ADDRESS	316 S Baylen Str. Ste 250		
1.4 CITY-ST-ZIP	Pensacola, FL 32501		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *[Signature]* **TRACQUED** 1/29/97 904-435-7400
Signature and typed or printed name of signing officer or director Date Daytime Phone # 007ABAS

CR2E037 (9/96)