

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 Mailing Address
PO BOX 13161 PENSACOLA FL 32591 US
PO BOX 13161 PENSACOLA FL 32591-3161 US

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

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

10. Name and Address of New Registered Agent

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

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE WELCH, ABE 711 UNDERWOOD AVE. PENSACOLA FL 32504	1.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WELCH, ABE		1.2 NAME Larry K. Hicks	
STREET ADDRESS 711 UNDERWOOD AVE.		1.3 STREET ADDRESS 316 S Baylen Str. Ste 250	
CITY-ST-ZIP PENSACOLA FL 32504		1.4 CITY-ST-ZIP Pensacola, FL 32501	
TITLE D	<input type="checkbox"/> DELETE ROUSH, NETA 4400 BAYOU BLVD. PENSACOLA FL 32503	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROUSH, NETA		2.2 NAME	
STREET ADDRESS 4400 BAYOU BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32503		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE BOOKER, PARHAM 1231 NORTHBROOK PENSACOLA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOKER, PARHAM		3.2 NAME	
STREET ADDRESS 1231 NORTHBROOK		3.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE WORK, JUDY 1200 FT. PICKENS RD., APT 5-B PENSACOLA BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WORK, JUDY		4.2 NAME	
STREET ADDRESS 1200 FT. PICKENS RD., APT 5-B		4.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA BEACH FL		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE BOSWORTH, TOM 420 DALPHIN ST. GULF BREEZE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOSWORTH, TOM		5.2 NAME	
STREET ADDRESS 420 DALPHIN ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP GULF BREEZE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 904-435-7400

Date Daytime Phone # 0074845

CR2E037 (9/96)