

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90382 017 \*\*\*\*70.00

**DOCUMENT # N50399**

1. Entity Name  
USO OF GREATER PENSACOLA AREA, INC.



Principal Place of Business  
2430 AIRPORT BLVD  
STE 216  
PENSACOLA, FL 32504 US

Mailing Address  
554 HUMMINGBIRD DR  
PENSACOLA, FL 32514 US

60023110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2865567

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHIBBS, VINCE JR  
105 E GREGORY SQ  
PENSACOLA, FL 32501

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC  
NAME WHIBBS, VINCE ☒ Delete  
STREET ADDRESS 105 EAST GREGORY SQUARE  
CITY-ST-ZIP PENSACOLA, ST 32501

TITLE DC  
NAME BROOKS, DAVID ☐ Change ☒ Addition  
STREET ADDRESS 15 W MAIN ST  
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE DC  
NAME WILHITE, DAVE ☐ Delete  
STREET ADDRESS 1032 FLEMING DR  
CITY-ST-ZIP PENSACOLA, FL 32514

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

TITLE D  
NAME CALLIA, TONY ☒ Delete  
STREET ADDRESS 6901 N 9TH AVE, STE A  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE DC  
NAME RALPHE VAWTER ☐ Change ☒ Addition  
STREET ADDRESS 1700 SCENIC HWY #504  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D  
NAME BROWN, WHIT J ☐ Delete  
STREET ADDRESS 56 EAST CHASE ST  
CITY-ST-ZIP PENSACOLA, FL 32501

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

TITLE D  
NAME LARSEN, ANGEL ☐ Delete  
STREET ADDRESS 554 HUMMINGBIRD DR  
CITY-ST-ZIP PENSACOLA, FL 32514

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

TITLE DC  
NAME MURRAY, ROGER P ☐ Delete  
STREET ADDRESS 1601 WAKE LANE  
CITY-ST-ZIP GULF BREEZE, FL 32563

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Angel Larsen, ANGEL LARSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 850-455-1064

Date

Daytime Phone #