

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003801 (8)**

1. Corporation Name

**PENSACOLA BAY AREA LITERACY COALITION, INC.**

Principal Place of Business

Mailing Address

1301 W GOVERNMENT  
PENSACOLA FL 32501  
US

P.O. BOX 853  
PENSACOLA FL 32594-0853

3. Date Incorporated or Qualified

**08/23/1993**

4. FEI Number

**59-3243072**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**The University of West Florida**

**Box 5**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1100 University PKY.**

**Pensacola, FL**

City & State

City & State

**Pensacola, FL**

**Pensacola, FL**

Zip

Zip

**32514**

**Escambia**

Country

Country

**USA**

**USA**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No **NA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, CHARLES B**  
**4041 LEESWAY CIR.**  
**PENSACOLA FL 32504**

81 Name

**Dr. Carl Backman**

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

**The University of West Florida**

83

**1100 University PKY.**

84 City

**Pensacola**

FL

85 Zip Code

**32514**

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 **Carl A. Backman**

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

(NOTE: Registered Agent signature required when reinstalling)

**1/22/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOWDEN, J. EARLE</b>	
STREET ADDRESS	<b>ONE NEWS JOURNAL PLAZA</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOWYER, ANN-MARIE</b>	
STREET ADDRESS	<b>3300 N. PLACE BLVD., STE. 440</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, CHARLES B</b>	
STREET ADDRESS	<b>4041 LEESWAY CIR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>FONTAINE, KATHLEEN H</b>	
STREET ADDRESS	<b>305 BERRYHILL RD.</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Dr. Carl Backman</b>	
1.3 STREET ADDRESS	<b>1100 University PKY</b>	
1.4 CITY-ST-ZIP	<b>Pensacola, FL, 32514</b>	

2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kay Brughton</b>	
2.3 STREET ADDRESS	<b>30 East Texas</b>	
2.4 CITY-ST-ZIP	<b>Pensacola, FL, 32503</b>	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dr. Keith Samuels</b>	
3.3 STREET ADDRESS	<b>1000 College Blvd.</b>	
3.4 CITY-ST-ZIP	<b>Pensacola, FL, 32504</b>	

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	<b>Historian</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Rosemary Bonifay</b>	
5.3 STREET ADDRESS	<b>305 Chattman Street</b>	
5.4 CITY-ST-ZIP	<b>Pensacola, FL, 32507</b>	

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 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: **Carl A. Backman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/98** **850-474-2035**  
Date Daytime Phone #

CR2E037 (10/97)