2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # N9300003801 1. Entity Name PENSACOLA BAY AREA LITERACY COALITION, INC. 04-16-2002 90117 033 ****61.25 Principal Place of Business Mailing Address THE UNIV OF W FL COMM UNIV PARTNERSHIP P.O. BOX 853 11000 UNIVERSITY PKY PENSACOLA FL 32594-0853 PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address United Way of Escambia County Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>1301 West Government</u> Applied For 4. FEI Number City & State City & State 59-3243072 Not Applicable Pensacola, 32501 \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32501 ent Registered Agent 7. Name and Address of New Registered Agent Name L. Icenogle ddress (P.O. Box Number is Not Acceptable) West Government WENTZ, PATRICIA THE UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PKY City Zip Code PENSACOLA FL 32514 Pensacola 2501 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. April 2.002SIGNATURE (NOTE: Registered Agent signature required when reinstating) Icenogle. Treasure 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE 🗶 Delete TITLE President WENTZ, PATRICIA DR. NAME NAME Carolyn Formsma 11000 UNIVERSITY PKY STREET ADDRESS STREET ADDRESS 1000 College Boulevard, Bldg 1, Room 171 PENSACOLA FL 32514 CITY-ST-ZIP CITY-ST-ZIE Pensacola, FL ☐ Delete TITLE √ Change Addition TITLE ICENOGLE, RITA NAME 1301 WEST GOVERNMENT STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIE VD . Change ☐ Addition . Delete 💄 TITLE TITLE 🔔 THOMAS, CAROL NAME NAME PO BOX 12710 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32574 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE BONIFAY, ROSEMARY NAME NAME 305 CHATMAN STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition BOWYER, ANN-MARIE NAME 11000 UNIVERSITY PKWY STREET ADDRESS STREET ADDRESS PENSACOLA FL 32504-8998 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Carolyn Formsma STREET ADDRESS STREET ADDRESS ST-ZIP 1000 College Blvd, Bldg 1, Room 171 CITY-ST-ZIP Thereby 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). CITY-ST-ZIP

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.

4-1-2002

FILED