


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003801</b> 1. Entity Name PENSACOLA BAY AREA LITERACY COALITION, INC.	
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Principal Place of Business UNITED WAY OF ESCAMBA COUNTY 1301 WEST GOVERNMENT PENSACOLA, FL 32501 US	Mailing Address P.O. BOX 853 PENSACOLA, FL 32594-0853 US
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**DO NOT WRITE IN THIS SPACE**



05102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3243072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ICENOGLE, RITA L 1301 WEST GOVERNMENT PENSACOLA, FL 32501	<b>DO NOT WRITE IN THIS SPACE</b>
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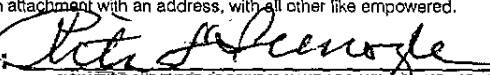
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE  <small>Signature typed or printed name of registered agent and title applicable</small>	5/10/05 <small>DATE</small>

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORMSMA, CAROLYN 1000 COLLEGE BLVD BLDG 1 ROOM 171 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ICENOGLE, RITA 1301 WEST GOVERNMENT PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, CAROL PO BOX 12710 PENSACOLA, FL 32574
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BOWYER, ANN-MARIE 11000 UNIVERSITY PKWY PENSACOLA, FL 325048998
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000366463  
05/13/05-80004-025 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/10/05 880 4447111 <small>Date Daytime Phone #</small>